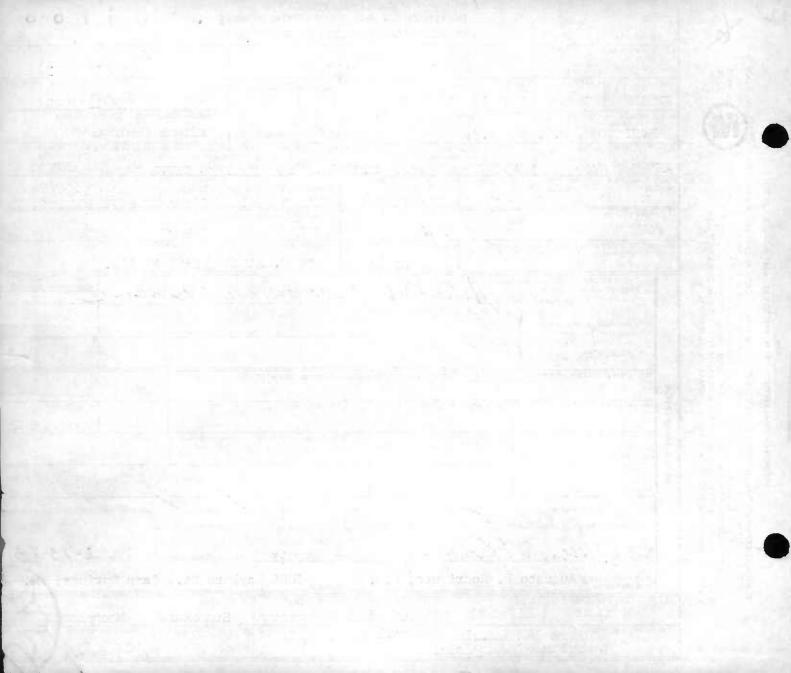
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W + 100 +		E OR PRINT)	HAZEL		1			A A	T MO			OF DEATH A	ESII-				ZB. HOUK
ESE ESE	3. SEX		4. RACE	5. DATE OF B		WLER	AGE (IN)		LTO DER 1 YR.	IF UNDER	24 HPS	2c. DATE	MAIED	☐ FEB	12 DAY	19 83 YEAR	2d, HOUR
或 另一天 天 2 mm		MALE	CAU	MONTH	DAY	YEAR	LAST BIRTH	DAY) MONT		HOURS		PRONOUNC	ED				14. 1100K
253		RTHPLACE (S		7b. CITIZEN C	14 OF WHA	1915		YRS.				P. BALTIMO	RE CITY			19 83	W
4	FO	REIGN COUNTRY)	TON, D.C.		.s.	11 000111	K + ;	MARR	IED X NE	VER MARR	IED 📙	Prin					
		TY OR TOWN		11. NAME OF		ITAL, NUR	SING HOA					AL OCCUPA			1126 KI	ND OF BU	MD.
S Z S E PAGE	AN	DREWS A	AFB	MALCOI			JSAF		AL CEN	NTER		RED C		SER		Gov	
S SEAN S	USUA 13a. S		(IF IN NURSING HOME (OR OTHER INSTITUTE	ION, GIVE	RESIDENCE B	EFORE ADMIS	SION)	134 INSIDE C			ET ADDRES				2074	7
# AMARAN		MD		E GEORG				HTS	YES X	NO 🗆	6705			r DTS			
DA HERS	14. FA	THER'S NAME		MIDDLE		U	AST		15. MOTH	ER'S MAID	EN NAME	MIDI				LAST	
A KANA W		WALLACE	C			FOW			HEI	LEN		PEABO	DDY		MAR	SH	
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BALTIMORE. S AFTER DEATH GIVE PAGES THE FORM P PAGES I ANI VISION OF V		NO				219	42	4084	HENRY	Y W.	AALTO	SAN	1E AS	5 13e			
N N N N N N N N N N N N N N N N N N N		18. CAUSE O	F DEATH (Enter on ATH WAS CAUSE	ly one cause pe	er life fo	ar (a), (b),	and (c).)	·	4	. /		/ "	1.			PROXIMATE	INTERVAL AND DEATH
NS X X X X X X X X X X X X X X X X X X X		1/-		TE CAUSE (6)	-			_	Car	ia eci	2016	uleva	us	CALL	-	THE	
PRESTON ITHIN 24 H CIL IN ITEM VER ALON ALE ALON AL HYGIE REMOVAL		42	42		O, OR A	S A CONS	EQUENCE	OF									
VITH VITH RAN RAN RAN REE		gave ri	ns, if any, which se to immediate	(b)_	-												
RDS, 201 W. PRESTON SECUTED WITHIN 24 HING. IN PENCIL IN ITEM ICAL EXAMINER ALONG A BURIAL TRANSIT PEN A NO MENTAL HYGEN WATION, OR REMOVAL.		lying cau	stating the <u>under</u> - ise last.	DUE TO	O, OR A	S A CONS	EQUENCE	OF									
S. 20 S. 20	1			(c)_													
0	NO	PART 2 OTHER ST	GNIFICANT CONDITIONS	CONTRIBUTING TO	OEATH BU	IT NOT RELAT	EO TO THE TEI	RMINAL DISEAS	E OR CONDITIO	N GIVEN IN PA	IRT 1 (a),						
L RECC	CERTIFICATION	19a. DATE OF	OPERATION	19b. CC	ONDITIO	ON FOR W	HICH OPE	RATION W	AS PERFOR	MED?					20 /	NUTOPSY?	
DIVISION OF VITAL RESCRIFICATE SHOULD RITING THE WORD "PE ROED TO THE CHIEF A ROED TO	E	1.37													,	YES 🗌	NO 🐼
O B HE HE	l H		L CAUSE WAS		MEOFI	NJURY	DAY YE		OW INJURY	OCCURR	D (ENTER N	ATURE OF INJUR	Y IN ITEM 1	8 PART I OR P	ART 2)		11111
OR JANA	3	CONTRIBUTI	OR NG CAUSE OF	DEATH	P.M.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19	, n									
VISION OF THE PRI	MEDICAL	21d INJURY C				F INJURY RY, FARM, ETC			CATION			CITY OR TOWN	,	C	YTAUC		STATE
I S & & & Z	1	AT WORK	NOT WHILE [
R. P.		22a. I certi	fy that I taak char	ge of the remain	ns descr	ibed abav	e, held an	Autap	sy 🔲	Inspectio	n .	Inquiry	5	and in my a	pinian		
AND TO TAKE		death result	ed fram: Natu	ral causes	1.	Accident], s	uicide _	, Hamie	ide .	Undete	rmined man	ner				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		,	4	AV	1				TITLE (S	PECIFY)							-
A H H H H H H H H H H H H H H H H H H H		ACTUAL SIGNATURE	Jugu 3	W JE	00	ery de	21/2/	N	.D. De	puty	MEDI	CAL EXAMI	VER	DATE	ED 2.	- 13.	83
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	-	(TYPE OR PRI	NT) Augus	5.0 1. 1	nour				ADDRESS_			irn Ct	., .	amp 5	brin	igs,	MG.
527549	23a.B	JRIAL, CREMA PECIFY) Bur	TION, REMOVAL	16Feb	83				R CREMATO		23d. LO	CATION Suitl			YINL		ATE
BP									Ceme	250 DATE	REC'D BY	PEGISTRAD	IZSh REC	Ma	SIGNAT	and	
DHMH - 17	1	NAME	Röbert Suitlan	E Wilh	aelr	n Ful	iera	T HO	ne	FR	3 19	REGISTRAR	G	Q (P 0	o A	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

(VRA 15, 4)

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Johnson & Jenkins Inc 716 Kennedy St. N.W.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE

(VRA 15, 4)-

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Johnson E. erkins Inc 716 anneiv St. ..

(VRA 15. 4)

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T	DECEASED N	NAME FIRST		WIDDLE		LAST			HTMOM X	DAY YEAR	2b. HOUR
8888	-	Samu				Bailey		DEATH MATED	XX 2	11198	
5	Male	Black	5. DATE OF BIRTH	1949 3	AY) MONT	NDER 1 YR. IF UNDER HOURS		2c. DATE PRONOUNCED DEAD	2	18 19 83	3:15 D M
11/2	a. BIRTHPLAC	E (STATE OR	76. CITIZEN OF WH	IAT COUNTRY?	8. MARR	IED X NEVER MAR	RIED 🗌	9. BALTIMORE CIT	_		
1	Wash	WN OF DEATH	USA	PITAL NURSING HOW	WIDOW			Prince (S Coun-	
4			I 1000 BII	K. New Bri	dge R		FOR A	ALOCCUPATION AOST OF WORKING LIFE) uto mec		OR INDUS	STRY
	SUAL RESIDE L. STATE Mary 1	NCE (IF IN NURSING HOME 13b. COUP and Dis	trict He:	re residence before admiss 13c CITY OR TOWN 1ghts	ION)	13d INSIDE CITY LIMITS?	13e STRE	et address 0 Walke:	r Mill	L Road	
2 (P)		rence Ba		LAST		15. MOTHER'S MAIL Cathe	rine		oughs	20,0	28
1	(YES, NO, OR U	ASED EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	16b. SOCIAL SECURI	TY NO.	Joann B	aile	y-wife-6		la 1 ker	Mi11
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BURIAL, CREMATION, OR REMOVAL.	gav cau lyin	ditions, if any, which erise to immediate see (a) stating the <u>under grause last.</u> HER SIGNIFICANT CONDITIONS	(b) DUE TO, OR	AS A CONSEQUENCE	Dh.	E OR CONDITION GIVEN IN I	PART 1 (a),				
7	190. DA1	E OF OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?	_			20. AUTOPS	Y?
	Ĕ L						40			YES X	NO 🗆
3		ERNAL CAÚSE WAS YING MOR BUTING CAUSE OF	DEATH ? P.M.	MONTH DAY YEA	Ex	posed to		NATURE OF INJURY IN ITE	M 18 PART I OR PAI	₹Т 2)	
1	WHILE AT WOI	RK NOT WHILE AT WORK	XI WOODS	DRY, FARM, STC.)		CATION STREET OO Blk Net	w Brid	city or town	P.G.	CO. M	STATE
6		110	ge of the remains description of the remains described and the remain	Anden M	Autop	, Inspection of the last of th	Undete	Inquiry ,	and in my ap		9/83
		ER'S NAME TH	pemas D. Sn	nith, M.D.				nn St.	Balto.		
631	Buria 74. FUNERAL D NAME	EMATIC RESIDENT	Feb 26	1 NAME OF C	inc	R CREMATORY	23d LO	CATION Cemeter	COUN	ibland	Md.

20M 4/82

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	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF HEALTH AN CERTIFICATE OF	D MENTAL HYGI	ENE 8 3	. NO.	5 1	7
		OR PRINT)	NSES MIDE	DLE	BARBOUR		26. DATE OF DEATH		1-83	26. HOUR 10: 15/
	3. SE	Male	A.RACE Black		5. DATE OF BIRTH Oct. DAY		6. AGE (IN YEARS LAST	BIRTHDAY) YRS.	MONTHS DAYS	HOURS /
83		RTHPLACE (STATE OR FOREI OUNTRY) irginia	GN 76. CITIZEN OF WH	AT COUNTRY?	MARRIED NEVE	R MARRIED 🔀	PRINCE	GEORGE		
74		TY OR TOWN OF DEATH	11. NAME OF HOS (IF NOT IN SUCH FA PRINCE (SPITAL, NURSING ACILITY, GIVE STREET AI GEORGE S	GHOME OR OTHER IN GENERAL H	NSTITUTION OSPITAL	12a USUAL OCCUP. LITYPE OF WORK FOR MO CONCRETE!	ATION STOF WORKING LIF INISHER	126. KIND (INDUSTRY	of Busines:
35	13a. S	AL RESIDENCE (IF NURSING IT ATE THE PI	county George's	E RESIDENCE BEFORE ALL CITY OR TOWN ANDOVER	13d. INSIDE		130. STREET ADDRES		2078	re ve
0		THER'S NAME FIRST efferson	MIDDLE BE	arbour		ER'S MAIDEN NAM	E		Step	pe
ll lleanca		VAS DECEASED EVER IN ((ES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	50 SOCIAL SECUR 28-16-80		Mant B arbour ,	Jr. Nor	RESS 8 Rose folk, V	a. 235	St. 23 XIMATE INTERVA
, April 1	TION	PART 2 OTHER SIGNIFIC	DUE TO, OR A ost. CAST CONDITIONS CONT CONTRACT CONT	S A CONSEQUENT TRIBUTING TO DI	PAR BUT NOT RELATE Y PER KALON	T blee	POLNG NAL DISEASE OR CO	ONDITION GIV	/EN IN PART 1	
9	AL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	TING 2 1b. TIME OF IN EOFDEATH HOUR A.M.	NJURY	YEAR		YES NO	IN CERTIF	S, WERE FINDI FYING CAUSES S PART 1 OR PART 2)	S OF DEATH
	MEDICAL	(IF EITHER, NOTIFY MEDICALE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF	INJURY FACTORY, OFFICE, FAI	19 21f. LOCA STR	TION REET	CITY OF	RTOWN	COUNTY	STA
S - 7 -			s hospital) attended the d	leceased from 19	3, and that in (m	ny) (our) opinion d	_, to, to on the	e date and hav		that (I) (we causes state
		22b. SIGNATURE	n /all	/	DEGREE MD		DIRECTOR PHY	TAFF SICIAN [2	11/8
1	22	POLL!	AK	133. 21	47	700 AUT,	H Phie	- CA	mP S	Porg
	23o E	SURIAL, CREMATION, REA SPECIFU SUrial	2/6/83	Oak	AME OF CEMETERY O		Charlott	1716	COUNTY	Va

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y be ge 3 eath	(TIPE	E/mer	- Ler	by B	arr	Februar	2 15,19
oge 4 ma rector, pa	3 SE	Male	RACE		OF BIRTH DAY YEAR 2 08	6 AGE (IN YEARS LAST BIRTHO)	MONTHS DA
neral dir		RTHPLACE (STATE OF FOREIGN 71 COUNTRY) land	U.S.A.	COUNTRY? 8 MARR WIDON	NEVER MARRIED	Pr. Geo.	COUNTY OF DEATH
OWN			(IF NOT IN SUCH FACILI	TAL, NURSING HOME TY, GIVE STREET ADDRESS) TELL AVE	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WE) Painter-G	ORKING LIFE) INDUST
35	130 5	AL RESIDENCE (IF NURSING HOME OR O STATE 13b. COUNT Pr. (Y 13c C	SIDENCE BEFORE ADMISSION TY OR TOWN anham	13d. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 9300 Worre	ell Ave.
140		Benjamin	DDLE	Barr	Marion	WIDDLE	Mart
Poges medica		VAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) (IF YES, GIVE Y	WAR OR DATES	9-10-1370	6 Donald Bar	r Same as 7	# 13
physics napper mesal vent, th	5.5	18 CAUSE OF DEATH LEnter only PART 1. DEATH WAS CAUSED IMMEDIATE	BY:		y Failure		APPR SETWE
ending e carbo m. or re		4920	CAOSE (O)	CONSEQUENCE OF			
by the article of the control of the		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A	CONSEQUENCE OF	hysema		
Signed Nen pile to history, or	Z C	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIB	BUTING TO DEATH BU	UT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDIT	ION GIVEN IN PART
per de la period 2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERAT	ION WAS PERFORMED		Ob. IF YES, WERE FIN N CERTIFYING CAUS YES
enticate coltrams men 18 y		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. A	RY NONTH DAY YEA 19	R	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART
to the burner of	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJ	URY TORY, OFFICE, FARM, ETC.)	211. EOCATION STREET	CITY OR TOWN	COUNTY
for use of Health		220.1 certify that 1) this haspita saw the eccosed alive an obay (1) well did (did not)	2-45	1983	and that in my (aur) opinian	death accurred on the date	ond hour and fram t
At DIRECted betoched ofe Dept.		Varis A	Zentes	eom.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DA
FUNER PORTAN	(27 PHYSICIAN'S NAMED TO STA	einberg		22e ADDRESS	endover Ka	

NAME 16000 Annapolis Rd. ADR Bowie, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

20. DATE OF DEATH MONTH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ON GIVEN IN PART 11a . IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES 🗌 NO [TEM 18 PART I OR PART 2) COUNTY STATE nd hour and fram the couses stated 22c. DATE SIGNED Pr. Geo. M CINTE Clinton 750 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

2b HOUR 30

12b. KIND OF BUSINESS OR Retired

11 Ave. 20706

Martin

DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR

REGISTRAR

DECEASED NAME

- STATE

Lanten 2000 Merrell vc. Printer-Covt. Hetirer inc. Pr. Geo. Lamina - x = 15500 Parvell No. 25766 3cm crin Barr Marion mi Jush 10 10 20 00 2 mile of enc 1 3721-01-973 Barini 2-17-55 esurección Uliton Pr. Ged. Ac. Senii Faret-lione Scall Faceral Home.

FOR

- STATE

SEX

Male

COUNTRY Maryland

Clinton

MD

CERTIFICATION

MEDICAL

14 FATHER'S NAME

REGISTRAR

To BIRTHPLACE (STATE OF FOREIGN

ID CITY OR TOWN OF DEATH

Richard

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

DECEASED NAME TYPE OR PRINTI

FIRST

Bernard

4. RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN

Black

U.S.A.

James

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS!

Clinton Community Hospital

LAST

Batson

166 SOCIAL SECURITY NO

76 CITIZEN OF WHAT COUNTRY?

Prince Georges Upper Marl

STATE OF MARYLAND	53
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8

MARRIED A NEVER MARRIED

YES KK

17. INFORMANT

DIVORCED

NO

FIRST

Rosa

13d. INSIDE CITY LIMIT

15. MOTHER'S MAIDE!

LAST

Batson

5. DATE OF BIRTH

July

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

CERTIFICATE OF DEATH

	REG. NO.					
	20. DATE OF DEATH MONTH	2'	7	83	26. HOL	P
	6. AGE (IN YEARS LAST BIRTHDAY)	_	_	RIYEAR	IF UNDER	
	60 YRS.	MOR	NIHS	DAYS	HOURS	MIN.
	9. BALTIMORE CITY OR COUNT	Y O	F DE	ATH		
	Prince George	1	S			M
	12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Carpenter	FE)	IND	KIND O	F BUSIN	ESS OF
\$?	13e STREET ADDRESS Box 212 Dowerho	us	se	Roa	d 20	0772
NNA		В	The same			
	WIDDLE		На	awki	ns	
n	Box 212 Dower Upper Marlbor	ho	ous	se R	oad land	207'
	faction			APPROXI	MATE INTE	RVAL DEATH
on	fluction .	_	-	3	1	

No	(# 165, ONE WAR OR DATES)	214-16-6331	Mary Batson	Upper Marlboro	
18. CAUSE OF DEATH PART I. DEATH W	H (Enter only one couse per AS CAUSED BY: IMMEDIATE CAUSE (o)	Scute myor	cardial int	arction	APPROXIMATE INTERVAL BETWEEN ONSEY AND DEATH
4/00 Conditions, if any,	DUE TO, OI	AS A CONSEQUENCE OF	erotic hear	r discore	you.
gove rise to imm cause (a), statin underlying couse	nediate) DUE TO, OF	AS A CONSEQUENCE OF			
PART 2. OTHER SIGN	NIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN	IN PART 1101

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

20a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

COUNTY

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

23d. LOCATION

CITY OR TOWN

Meadows

CITY OR TOWN

21f LOCATION

STATE

STATE

220.1 certify that (1) (this hazartal) attended the deceased from sow the deceased alive on obove, (we) (did) (did not) view the body after death

DEGREE ATTENDING MEDICAL

Cem.

and that in (my), (aux) apinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED

22d PHYSICIAN'S NAME

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d. INJURY OCCURRED

23a. BURIAL, CREMATION, REMOVAL

Burial

22b. SIGNATURE

(SPECIFY)

22e. ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

St. Luke Meth.

PHYSICIAN

DIRECTOR PHYSICIAN

COUNTY

BP.

0

HOME, INC. 24 FUNERAL DIRECTOROLLINS FUNERAL DHMH - 16 50M 4/B2 (VRA 15, 4)

4339 HUNT PLACE N. E.

23b. DATE

WAS EINGTON

P.M.

250 DATE REC'D. BY REGISTRAR 266 REGISTRAR'S SIC MAR

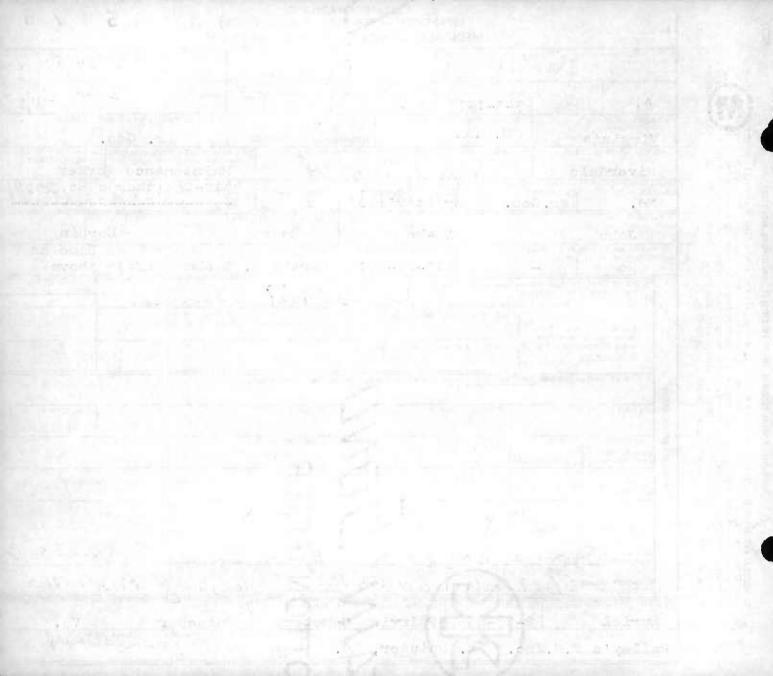
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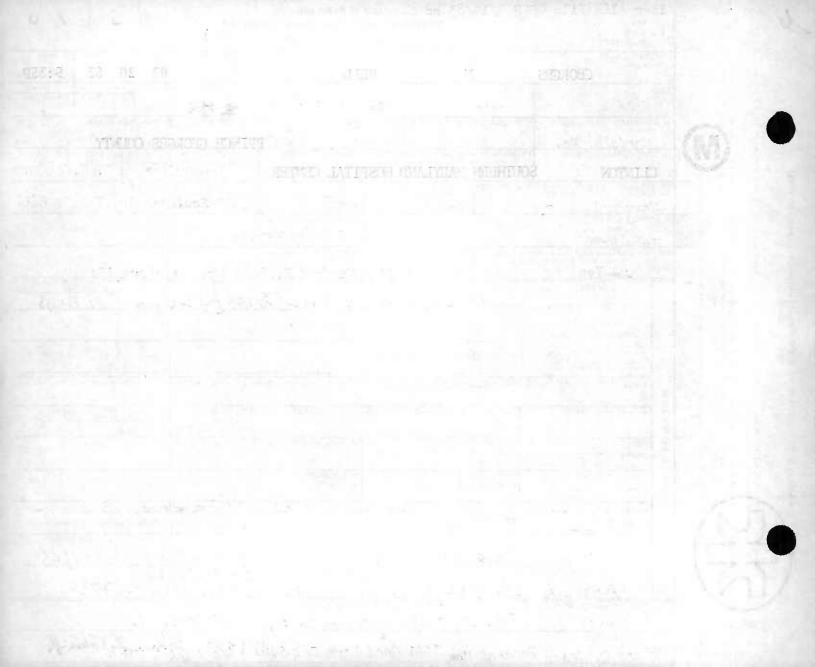
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	1-	FOR STATE REGISTRAR		ME			I AND MENTAL I CERTIFICATE O	~	1 .	REG. NO.	5		/	4
	I. DEC	EASED NAME OR PRINT)	FIRST	2011	B.	Bo	yne	_	DATE KNO	WN D	2	14	83 2	10. 1
	3. SEX	1.0	CE S.	DATE OF BIRTH	YEAR LAST BIR	THOAY) MOH			DATE NOUNCED DEAD	A	1	14 19	3	10, 4
0	FO	RTHPLACE (STATE OR REIGN COUNTRY) Caroli		76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR CO									TH	
3	10. CI	iverdale	ATH 1	I. NAME OF HO	SPITAL, NURSING HO		Sp1+N		OCCUPATK OF WORKING	ON (TYPE OF	WORK 1	OR INI	DUSTRY	INESS
2	13a S	Md.	13b_COUNTY	Geo.	13c. CITY OR TOW Brenty	N	13d. INSIDE CITY LIMITS? YES NO	13e. STREET		8th	St.	(20	772	2)_
9	14. FA	THER'S NAME FIRST Elzie		MIDDLE	Bayne		15. MOTHER'S MAID FIRST Heste:		MIDDLE		Но	rton	1	
	16a. V (YI	VAS DECEASED EVE ES. NO, OR UNKNOWN)	R IN U.S. ARME (IF YES, GIVE WA	D FORCES?	264-10-		17. INFORMANT Louise	H. Ba	yne (DDRESS Wife	1	Same		
	7	gove rise to couse (o) static lying couse los	ng the <u>under-</u> it.	(e)	R AS A CONSEQUENC		E OR CONDITION GIVEN IN PA	ART 1 (a).						
9	CERTIFICATION	19a. DATE OF OPER	RATION	19b. COND	ITION FOR WHICH O	PERATION V	/AS PERFORMED?				3	20 AUTO		NO 🗆
3		210 EXTERNAL CAL UNDERLYING CONTRIBUTING	OR		M. MONTH DAY Y	EAR 21c H	OW INJURY OCCURR	ED (ENTER NATI	IRE OF INJURY II	N ITEM 18 PAR	T I OR PAR			
	MEDICAL	21d INJURY OCCU WHILE NO AT WORK AT	T WHILE WORK		OF INJURY (AT HOMI CTORY, FARM, ETC.)		CATION STREET	C	ITY OR TOWN		COU	INTY		STATE
		220. I certify tho death resulted fro		NZ T	Accident ,	Suicide		,	Inquiry Ined monne		n my opi	inion	ч _	50
	1	ACTUAL	1.	^	0.66.	0	/h.				DATE	2 -1		6 /
2		ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT) _	SAID	A	DAERN	<u></u>	A.D. Deput	7_MEDICA	LEXAMINE	R	DATE	2-1	, -	63

A STATE OF THE STA wind of the transfer that the state of the s Malloy a M. M. Smc. H. C. College, Pd.

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	1-	FOR STATE REGISTRAR			DEPARTMENT OF		AND MENTAL H	F DEATH	0	5 !	1 3
2 ⊨'	1. DE	CEASED NAME E OR PRINT)	Dan	iel	MIDDLE	R	Pah h	20. DATE K OF DEATH	REG. NO. NOWN MESTI- MATED	2 24 19	VEAR 26 HOUR 16.49
PR 271	3. SEX	M 4. RAC	. 1	DATE OF BIRTH	YEAR LAST BIRTH			24 HRS. 2c. DATE PRONOUNC DEAD	CED	2 24	YEAR 2d HOUR
83	FO	RTHPLACE (STATE OR REIGH COUNTRY) Virginia	7 b	U.S.A		8. MARRI WIDOW	ED NEVER MARRI	ED 🗆	Pr. G		MD.
S, 201 V		rvor town of de. Riverdal	е	(IF NOT IN SUCH FA	PITAL, NURSING HON	top	er institution	FOR MOST OF WORK Maint	NG LIFE)	VORK 12b KIND OR II Worke	NDUSTRY
AL RECORDS, 20	13a. S		Pr. Ge		residence before admis 13c. CITY OF TOWN Lyattsvil	781)	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS	ge tho	rpe St	· 50781
164	14. FA	THER'S NAME FIRST John	A	AIDDLE	Beahm		15. MOTHER'S MAIDE	N NAME MIC	DUE	Corbi	sı n
1	16a, V (Y	VAS DECEASED EVER ES. NO. OR UNKNOWN) NO	(IF YES, GIVE WAR		218-07-7		Martha	A. Beahm	ADDRESS (Wife		ie as
N, CREMATION, OR REMOVAL.		18. CAUSE OF DEA' PART I DEATH W LOCAL CONTROL OF THE COURSE TO STATE TO S	ony, which immediate g the under-	Y: CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE	OF	inghaf or condition given in pa	n fan	from	SEIWEE	EN ONSET AND DEATH
URIAL, CREMA	CERTIFICATION	190. DATE OF OPER.			ION FOR WHICH OPE			(110).		- 3/1 - 10	TOPSY? S
E DEPARTMENT OF HEA OI PRIOR TO BURIAL, C	MEDICAL CER	210. EXTERNAL CAU UNDERLYING CONTRIBUTING 21d. INJURY OCCUR	OR CAUSE OF DEA	ATH P.M	MONTH DAY YEA	AR .	OW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2	
122	MEC	WHILE NOT	WHILE D		ORY, FARM, ETC.)		TREET	CITY OR TOW	И	COUNTY	STATE
ARYLAN		220 I certify that death resulted from ACTUAL ISIGNATURE		1X1	cribed obove, held on Accident , S	Autop	Homicide I	Undetermined mor	nner,	DATE 2	24.8
TO FUNERAL D AFTER DEATH, V BALTIMORE, M	22- 0	EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, I	165	2 ar	1236, NAME OF C	S P	ADDRESS R 1	deus br	28 M	10 20	07/0
		SPECIFY)			Traction of Co.					COUNTY	STATE



(2)	/	FOR STATE REGISTRAR	577 3/1		MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		G. NO.	0 5	1	7 6
		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEA	ATH MONTH	DAY	YEAR	26. HOUR
moy be page 3	(11PE	GEORGE		M	B	ELL		@2	20	83	9:35Pm
moy , pag ter de	3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS	AST BIRTHDAY)	MONTH	DER 1 YEAR	IF UNDER 24 HRS
- 83 of 83		Male	negri	0	Tu	Ly 18, 1940",	超 48	2 Y	RS.	DATS	HOURS MIN.
4 4		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.			NEVER MARRIED	9. BALTIMORE C	ITY OR COL	INTY OF E	EATH	
(AA)		Norholk. Va.			WIDOWI	D DIVORCED	RINCE GI	EORGES	COLIN	TY	MD
	00	TY OR TOWN OF DEATH	SOUTHER SU	N MARYLAN	D HOS	PITAL CENTER	120. USUAL OCC (TYPE OF WORK FOR Supe	UPATION	12	b. KIND OI	F BUSINESS OR College
24 hourst be filled in ould be the	USU.	AL RESIDENCE (IF NURSING HOME CO	OTHER INSTITUTION	N, GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADD	RESS.	20020		
AND n 24		laruland p	G.	Temple		YESX NO		uther	1 Ave	.Temp	le Hill
RYL vithii 12 st	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA		DOLE		LAST	
E, MARYLAND S uted within 24 h completely filled 1 and 2 should i		ubo Roll				Ida Montgo					
BALTIMORE, MARYLAND 2 i. BALTIMORE, MARYLAND 2 ficate be executed within 24 h ficate be executed within 24 h ficate be executed within 24 h foots		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	PRITY NO.	17. INFORMANT		ADDRESS			
st., BALTIMK rtificate be e physicion or propopers. Po enend, the me		No Yes		228 46	5948	Uradell B. I	Bell same	as at	ove		MATE INTERVAL
DS, 201 W. PRESTON ST quires that the death certisigned by the attending in the please remove carbon a burial, cremation, or renjury, or other troumatic ev	N	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(c)	DUE TO, OR AS A CONSEQUENCE OF (c) JOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA					N PART Tro		
DIVISION OF VITAL RECORDS, 201 NG PHYSKCIAN: The low requires the ottending physicion. Ifter this certificate has been signed to as the burial-transit permit. Then plea th and Mental Hygiene prior to burial, orked or them 18 shows any injury, or a contraction or the property or the pro	CERTIFICATION	190. DATE OF OPERATION	19b. CON	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO				
ON OF VITAL RI IYSICIAN: The la ding physicion. s certificate hos burial-transit per Mental Hygiene or frem 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A	OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITE	M 18 PART 1 C	OR PART 2)	
DIVISION DING PHYS or ottendin After this c is as the bur oilth and Me morked or h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY TREET, FACTORY, OFFICE, I	FARM ETC)	211. LOCATION STREET	CIT	Y OR TOWN		YINUO	STATE
OR ATTENDIN OR ATTENDIN OR ATTENDIN DRECTOR: Att oched for use or Dept: of Health f Nem 21 is mor		22e.1 certify that (1) (this how saw the deceased alive a above, (1) (we) (did n	n FERRUAL	24 20 198		nd that in (24) (our) opinion	, , , , , , , , , , , , , , , , , , , ,	the date and	194 hour and		that (1) (we) last causes stated
OR he he booke oche	(226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN								DATE :	IGNED
TO HOSPITAL retoined by th TO FUNERAL should be det with the Store	-(MO PHYSICIAN'S NAME (TYPE	. Be	own W	1	1220. ADDRESS (J) 25	TSVILLE	MI	20	782	
BP		BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	Feb.	23, 1983		emetery or crematory ington Nation		and, 1		UNTY	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FI	bert G. Mason	Funeral	Home 7861	Good	Hope Rd BBE	2 2 1983	STRARIZSE. RE	GISTRAR	Colu	TIA .

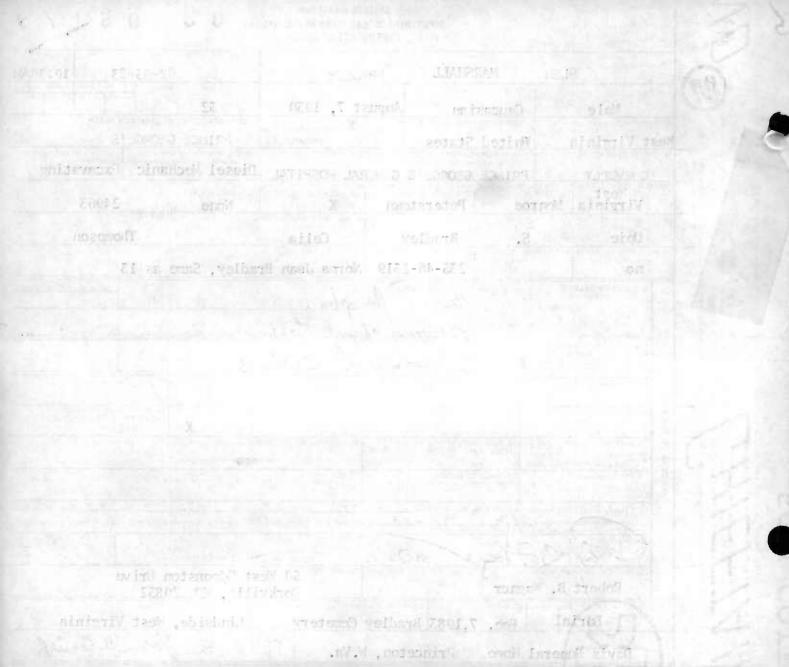


1	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3 0	5177
m 5		DECEASED NAME FIRST	WIDDLE	LAST	IN DAIL OF BEATT	DAY YEAR 2b. HOUR
y be oge 3 death	L	Emma	Jane _	BERN	, , ,	983 5:15p _M
ge 4 mo	3. 3	Female	4. RACE White	S. DATE OF BIRTH MAY 17, DAY 1923	6. AGE (IN YEARS LAST BIRTHDAY) 79 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
eoth. Po	7 70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Vashington, D.C	76. CITIZEN OF WHAT COUNTRY	8. MARRIED MEVER MARRIED WIDOWED DIVORCED	Prince George's	OF DEATH MD.
hours after d d in by the fu be filed with	3	CITY OR TOWN OF DEATH Lanham	Doctors Hospit	al of Pr. Geo. Co.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSewife	12b. KIND OF BUSINESS OR INDUSTRY Own Home
22 miles	6 13 I	Maryland 136. COL	or other institution, give residence before the control of the con	ville YES NO [13e. STREET ADDRESS 4002 74th. Ave.	20784
ampletely is and 2 showner	41	FATHER'S NAME FIRST Valter	B. Gartne		MIDDLE	Poole
be executed on ond camp rs. Pages 1 an		WAS DECEASED EVER IN U.S. A LYES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? SIVE WAR OR DATES) 577-20-			dress Same as
hysici paper aval. nt, th		18. CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS	only one couse per line for (o), (b), or SED BY: ATE CAUSE (o)	UMONIA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WRRIC
the death the attend remave co emotion, o		Conditions, if ony, which gove rise to immediate cove (o), stating the underlying couse last.	DUE TO OR AS A CONSECU	STROPHIC LARG	RAL SCLEROSC	s lyean
quires t signed hen ple ta buria	N N	PART 2. OTHER SIGNIFICANT	((c)	<u>DEATH</u> BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	EN IN PART No
he law on. has be permit ene pric	SEPTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?
phys phys phys alfico alfi- alfi-	190	OR CONTRIBUTING CAUSE OF O	CAIR	PAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
PHY: endir this he bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENI pital TOR: for us of He		sow the deceased alive a above, (1) (we) (did) (did n	pital) ottended the deceased from an 21653 19 not) view the bady after depth.		death occurred on the date and hour	
A he he		22h SIGNATURE Robert	genri	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED
HOSPI ined b FUNE ould be th the S	1	ROBERT GERW		220. ADDRESS 6525 Belcres	st Rd. #618, Hyati	tsville, Md.
PP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY t. Lincoln Cemete	23d LOCATION CITY OR TOWN Brentwood	P.G. Maryland
DHMH - 16 50M 4/B2 (VRA 15, 4)		funeral director - Gasch's Sons	s F.H. P.A. Hya	ttsville, Md. FE	TE REC'D BY REGISTRAR (SV REGISTI B 2 2 1983	RAR'S SIGNATURE

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or, page frer deat	3. SE	(4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS
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M	7 S	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COI	JNTRY? 8 MARRIE	D NEVER MARRIED DIVORCED	PRINCE GE	_		MD
Pa 14	10. CI	TY OR TOWN OF DEATH CHEVERLY	PRINCE GEORG	NURSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPA (TWOSE OF WORK FOR MOS		E) INDUSTRY	OF BUSINESS OR
4 T	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME O TATE 134 COU	ROTHER INSTITUTION GIVE RESIDEN	ICE BEFORE ADMISSIONI	13d. INSIDE CITY LIMITS?	13. STREET ADDRES		160	20711
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or Hem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 P.	ART 1 OR PART 2)	
ia d	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		211. LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
21 is mark		22a.1 certify that (1) (this hasp saw the deceased alive an	attended the deceased	19 5 0	nd that in (my) (aur) apinion	, to 2/	date and hou		that (I) (we) last
ate Dept.		22b. SIGNATURE	ak Par		DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN 🔀	22c. DATE:	SIGNED /83
MPORTANT: H		22d. PHYSICIAN'S NAME (TYPE	PASI		220 ADDRESS	me c		RLY	MD
	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE 2/10/1983	23r. NAME OF C	NEMETERS OR CREMATORY	23d LOCATION GIVERIOWN	V. L	U/C	Mo.
4/82	24. FU	NERAL DIRECTOR AKEN + BOUN	ds SALIS	bury 1	nd 2189 FE	B 1 4 1983	To lu	RAR'S SIG OT	WRELL A

CONTRACT SELECTION MADE TOWNER OF THE STATE STATES rough a region of the control of the CENTRY PRINTED TO COOK STATE OF THE STATE OF WAR AND THE THE TANKED ATO MANAGERY LOTEINAN - LE L'ANTONIAN - LOT AN LANGERY HAROLD W. ELA Churn Feen - Stuck HES TUSTION STORY CONTRACTOR OF PERCHASING CONTRACTOR Despess Port no seems stoles DEBERK PAST PER PER ME CHEVERLY AD recent chapper Autocidentally aftern with the Epiter Harmon Salvetin and well Effect 1833 - Beng Chank



(VRA 15, 4)

Hyattswille, Maryland

STATE OF MARYLAND

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10		1-	FOR STATE REGISTRAR	DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	05181
moy be			CEASED NAME OR PRINT) OR PRINT) (1. RACE	and Is DATE	YUUCIM OF BIRTH	20. DATE OF DEATH MONTH 2 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26. HOUR PN 12:42 MM
Page 4			Temale Whit	e S		65 YRS	MONTHS DAYS HOURS MIN.
deoth. Pe	17	2	RTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHOUNTRY)	J' STYTI WIDOW			01988 MD.
201 ors after by the litted with	74	C	Keverly Prince	OSPITAL, NURSING HOME ACILITY GIVE STREET ADDRESS)	Josp HAL	(TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY LAS COMPANY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC PHYSICIAN. The low requires that the death certificate be executed within 24 hours of the other diagnost physician. We have signed by the attending physician and completely filled it is by the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sharld be fit and Mental Hygiene prica to burial, cremotion, or removal.	35	13a. S	no FG X	Andove Hilk	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	NAN S T 20784
completely I and 2 shi	00	1	JAMSS (NA)	Esty	15. MOTHER'S MAIDEN NA	ME MIDDLE ADDRESS	Chaming
LTIMORE, be execution and co			(IF YES, GIVE WAR OR DATES)	577-10-1855	MichAEL,	BRODERICK (SAMEASH (3)
4 ST., BAL certificate ng physici bonpaper r removal.			18 CAUSE OF DEATH (Enter pnly one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)		nunual to	i. We	APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
RESTON death c ottendir ortion, or fraumatic	raumatic	Ħ	Conditions, if ony, which gove rise to immediate	RACOUSEQUANCE OF	Carcinymu	of left arm	1
ot W. PR that the d by the lease remial, cremo or other tr			couse (a), stating the underlying couse lost. DUE TO, OR A	AS A CONSEQUENCE OF			
or signe or ta bur injury, injury,		NOI	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CON</u>				
TAL RECOR	2	CERTIFICATION	1711/147	CINUMU OFFRATION	ne OVWY	YES NO IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \text{ \(\text{ \(\text{ NO } \text{ \(\text{ NO } \text{ \(\text{ \(\text{ NO } \(\text{ \) \\ \) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
ON OF VITAL HYSICIAN: The ding physicia sis certificate h burial-transit I Mental Hygie	9		218. ACCIDENT WAS UNDERLYING	MONTH DAY YEAR	21c. HOW INJURY/OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	18 PART I OR PART 2)
DING PHYSICIA or ortending plant his os the build-th oith and Amenal		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e PLACE OF (AT HOME, STREET	INJURY FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI sital or TOR: A for use of Heal	9	Č	220.1 certify that (1) (this haspital) attended the cosaw the deceased alive an above, (1) (we) (dig) (did not) view the body at	19.06	nd that in (my) (our) opin on	death occurred on the date and h	, that (I) (we) lost nour and from the causes stated
0 0 0 0 0		N	22b. SIGNATURE CULLIM	Wille	DEGREE DATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	200 DATE DIGNED
HOSPI sined b FUNE build be that he so	1	ď	22d. PHYSICIAN'S NAME (TYPE OF ATINT)	Wilhelm	540 Any	t bould rlygu	Truttiville, Maylon
Bb———		23c. B	Direct 15/25	83 CENAME OF	EMETERY OR CREMATORY	23d LOCATION CITY OR JOWN	P.G. issai
DHMH - 16 50M 4/82 (VRA 15, 4)		24 FL	NERAL DIRECTOR HELD Amham EH. 9013AA	inppersent	an hon MO. FE	B 1 7 1983	ISTRAR'S SIGNATURE

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	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	0 5	182
be 3		CEASED NAME FIRST RONAL	D B	BROWN		02 16	YEAR 26 HOUR 83 11:10AM
ge 4 moy	1. SE	m	4. RACE	5. DATE OF BIRTH.	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER	R I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
deoth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF PRINCE GE		ATH MD.
by the fill		TY OR TOWN OF DEATH CHEVERLY		NG HOME OF OTHER INSTITUTION GENERAL HOSPITAL	120 USUAL OCCUPATION WORK FOR MOST OF	F WORKING LIFE) IND	KIND OF BUSINESS OR DUSTRY
Miled in Miled in Mould be	USU/ 13a. S	AL RESIDENCE OF NURSING HOME OR STATE 13b, 90 UN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV	RE ADMISSION) VN 13d. INSIDE CITY HMITS? YES NO	130. STREET ADDRESS	20706	Rd 4/203
and 2 st	14. FA	Joba Kt	MIDDLE MILLIS	15. MOTHER MAIDEN N.	AME LINDLE AND	14	LAST
be execu		VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GIV		S238 MLS, HELEN	BROWN LAN	13018 B	BRITSKAK RE
oth certificate ending physici : corbonpoper n, or removal. motic event, th		43/0 IMMEDIA	one cause per line for (a), (b), or DBY: TE CAUSE (a) DUE TO, OR AS A CONSEQU	ENCE OF LE	nhose	_ Bi	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
ires that the de gned by the ott n please remark burial, crematia		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	(b) DUE TO, OR AS A CONSEOU	ENCE OF DEATH BUT NOT RELATED TO THE TER.	minal disease or cone	DITION GIVEN IN F	PART Ito
he low required in the second	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED CAUSES OF DEATH?
CIAN:		21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR 19 21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR F	PART 2)
offending offer this of the burner of the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOV	vn cou	UNITY STATE
ATTENDIP spirol ar CTOR: A I for use of Health		saw the deceased alive on	tol) attended the deceosed fram. 19 19 view the body ofter death.	, and that in (max) (our) opinion	death accurred on the do	te and hour and fr	, 11101 (111 (440) 1031
SPITAL OR A by the house of the detached be detached of Stote Dept TANT: If then		CA THE	& A ami	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		2/16/83
retoined by to TO FUNERAL should be det with the Store		LEONARD P.	APPEL, M.D.	22e ADDRESS	IOR LA.BOWIE		
BP	23a. E	SURIAL, CREMATION, REMOVAL BLANK	1 1 1 2 1 - 2 2	NAME OF CEMETERY OR CREMATORY REKA KLES ME P	23d. LOCATION CITY OF LOWN SALISEL	es Scobni	
DHMH - 16 50M 4/B2	24 F	NAME OF FORK	2/2 ADDRESS	725 Riversiden Son	TE REC'D. BY REGISTRAR	PEGISTRAR'S S	IGNATURE

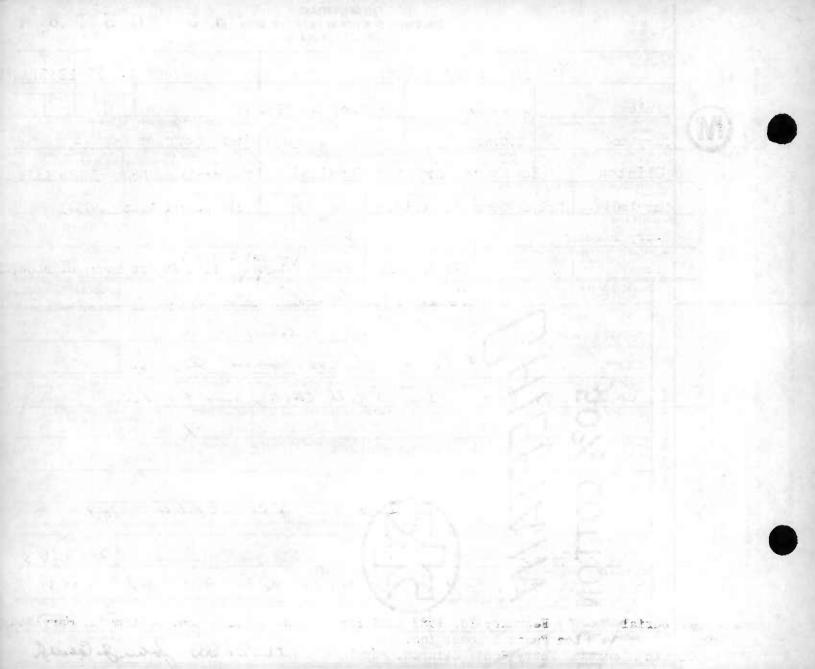
STATE OF MARYLAND

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-to-	1.	FOR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 0 5						3.N
m	11.	STATE REGISTRAR		MEI	DICAL EXAMI	NER'S	ERTIFICATE O	OF DEATH REG. NO	0.		- la
		CEASED NAME	FIRST		MIDDLE		LAST	20. DATE KNOWN	MONTH DAY	Y YEAR	2b. HOUR
3 4 5 5 5 F. O	9 "	PE OR PRINT)	James	Wil	liam	Bı	ackner	OF ESTI- DEATH MATED	2/1/83	19	1:15r
PEASE DR. FILES. 2 HOURS STREET.	3. SE	X 4.	RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UN	DER 1 YR. IF UNDE		MONTH DAY		2d HOUF
P. P	V	M	В	11/6/99	02	YRS. MONT	HS DAYS HOURS	MIN PRONOUNCED DEAD	2/1/83	19	1:59
A NAME AND A SEA		IRTHPLACE (STAT	EOR	76. CITIZEN OF WI	AT COUNTRY?	8. MARR	ED NEVER MARI	RIED 9. BALTIMORE CITY C	OR COUNTY OF	DEATH	
NECESSARY HUNERAL DIE PETOR YOU		V	A	U. S.	P.	WIDOV		CED Prince G	eorge'		MD
VSIE GE	1	ITY OR TOWN OF			PITAL, NURSING HOA		ER INSTITUTION	12a USUAL OCCUPATION (TYPE	E OF WORK 12b K	CIND OF BUI OR INDUSTR	SINESS
DELAY N PAG SDS 8E FIL		airmont H		6112 1				Retired	ω	Ash. Te	a,
RETAIN DOUG	13a	AL RESIDENCE (IF STATE	13b COUN	ir other institution, GP TY	13c. CITY OR TOWN		134. INSIDE CITY LIMITS?	13e. STREET ADDRESS		207	143
RETANY AND SHOUL	_	1d	P.G	•	Fairmont	Hts	YES X NO	TOTIC MULLI OF	reet		-
S AFTER DEATH, IF ANY DELAY IS N GIVE PAGES 1, 2, AND 3 TO JHEEL FITH FORM PM 3. RETAIN PAGES PAGES 1 AND 2. SHOULD BE FILED WISION OF WITAL RECORDS, 201	0	ATHER'S NAME FIRST	(Unkn		LAST		15. MOTHER'S MAID	(Unknow		LAST	
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		18 CAUSE OF E	DEATH (Enter online WAS CAUSED		for (o), (b), and (c).)		CANAL F		BE	APPROXIMATE TWEEN ONSET	AND DEATH
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EXECUTED NG" IN PERCENTED NG" IN PERCENTED NAME EXAM NAME AND MEI AND		PART 2 OTHER SIGNI	EICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	PMINAL DISEAS	F OR CONDITION CIVEN IN P	APT 1 inc			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN 11EM 18. ROED TO THE CHIEF MEDICAL EXAMINER ALONG WE 3 SHOULD BE USED AS A BURRAL-TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z				TO THE TE	AMINAL DISEAS	ok condition disenting	ART TIME.			
LL COLL	CERTIFICATION	19a. DATE OF O	PERATION	196 CONDIT	TON FOR WHICH OP	ERATION W	'AS PERFORMED?		20	AUTOPSY?	
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CERTIFICATE SHOULD STRING THE WORD "PER DEED TO THE CHIEF WE SHOULD BE USED AS DEPARTMENT OF HEAD IN PRICK TO BURRAL, COMMENT		21a EXTERNAL	_	216. TIME OF	INJURY MONTH DAY YE		OW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	N. CO.	
CERTIFICA TING THE DED TO THE 3 SHOULD DEPARTMI) 3	UNDERLYING CONTRIBUTING	CAUSE OF E			***					
CERTING TING 3 SHOPPA	MEDICAL	21d. INJURY OC	CURRED		OF INJURY (AT HOME,		CATION	CITY OR TOWN	COUNTY		STATE
12AAAKI	1	WHILE AT WORK	AT WORK								
DIVISIONER: THIS CERTICATE, WRITING CERTICATE, WRITING FORWARDED IN FORE STATE DEPARENTE STATE DEPARENT, 21201 PRI				e of the remains des	cribed obove, held on	Autop	sy , Inspectio	on . Inquiry . or	nd in my opinion		
MIN BE F FILT YLAL		deoth resulted	from: Notur	ol couses X.	Accident ,	Suicide	, Homicide .	Undetermined monner ,			
EXA DID DIR WAR		ACTUAL	0	A D			TITLE (SPECIFY)		DATE		
RE, THE	-	SIGNATURE_	SAID	4.14	+ ERM	_ N	.b. <u>Deputy</u>	MEDICAL EXAMINER	SIGNED2/	1/83	
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PORT & SHOULD BE FORW TO FUNEAL DIRECTOR: P AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2	4	EXAMINER'S NA (TYPE OR PRINT	AME Said	A. Daee, I	M.D.		ADDRESS 5632 A	Annapolis Rd. #	. Blade	ensbur	9
TO I PAGE BALL	23	BURIAL, PREMATIC		3b. DATE	23c. NAME OF C			123d. LÓCATION			
BP	1	COLCUM!	-	2/5/83		UVET		WASHINGTON	D.	ST/	ATE
DHMH - 17		UNERAL DIRECTO		ADDRESS	4425 13	URROW		REC'D. BY REGISTRAR (1/6. REG	ISTRADIS SISUA	TURE	
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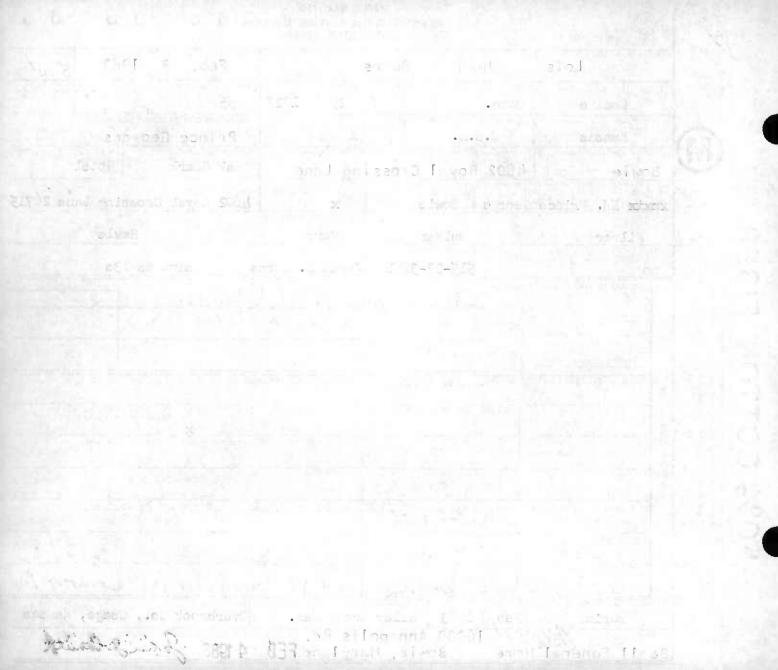
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		FOR	DED V D.	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY	CIENE 8 5	05184
	11	STATE REGISTRAR	out and	CERTIFICATE OF DEATH	REG. NO.	
m.5		CEASED NAME NATH	IAN	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
d 900 2/		NAT	'HAN AARON	BUCKNER	Ú2	14 83 12:35 Au. 1
1-1100	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1		lale	Caucasian	November 20, 190.		
2. (IVI)	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED LI NEVER MARRIEDXIXI		
		ryland	U.S.A.	WIDOWED DIVORCED DIVORCED DIVORCED	Prince Georges	
# 11 8/		linton	(IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)	TYPE OF WORK FOR MOST OF WORKING	, , , , , , , , , , , , , , , , , , , ,
or the set in the set			Southern Mary OR OTHER INSTITUTION, GIVE RESIDENCE BEFO		Hospitalized M	lost of His Life
24 ho filled ould b	13a.	STATE 13b. COL	UNTY 13c. CITY OR TO	WN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	(20725)
F F F F		ryland Pri	nce George's Cl	inton YES NO □	9211 Stuart La	ne (20/35)
2 0 - /E/		rry Buckner	MIDDLE LAST	Unknown	MIDDLE	LAST
3 0	16a. \	WAS DECEASED EVER IN U.S. A			ial Worker)	
e execu		YES, NO OR UNKNOWN) (IF YES O	GIVE WAR OR DATES) 212-72-	4633 Cheryl John	son 9211 Stuar	t Lane, Clinton,
physicion phopers. emoval.		IS CAUSE OF DEATH (Enter	only one couse per line for (a), (b), a	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death ce is signed by the attendin Then please remove carb to burial, cremotion, or a njury, or other troumatic	7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART OTHER SIGNIFICANT	DUE TO, ORAS A CONSEQUENT CONDITIONS CONTRIBUTING TO	JENCE OF Lerohe H	MINAL DISEASE OR CONDITION G	IVEN IN PART 1/0
beer mit.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	HOPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	TES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
sicion. ste hos nait per ygiene shows	E E					YES NO
ZNOTE		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR 216. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM T	5 PART 1 OR PART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M.	19		
DING PHY or attendia After this se as the bu	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
or or see or more			spital) attended the deceased from	2// 19/	2 10 2/14	, 19 2, that (I) (we) lost
ATTEND aspital o aspital o do for use for use m 21 is m		saw the deceased alive a	7 1 1 2	ond that in (my) (our) opinion	deoth occurred on the date and h	our and from the causes stated
조 도 포 후 후 후		226. SIGNATURE	Tot I view the body offer death.	DEGREE		22c. DATE SIGNED
AL O AL D Jetoc Jetoc Tr. H IT.		1 Mes.	do m m	ATTENDING PHYSICIAN [MEDICAL STAFF	2114193
TO HOSPITAL retained by th TO FUNERAL should be determined with the State IMPORTANT.		22d PHYSICIAN'S NAME (TYRE	EORRRINT)	220 ADDRESS 29	(O pro M	1 20131
Sho of sho	23a.	BURIAL CREMATION, REMOVA	AL 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	123d LOCATION	
BP		(SPECIEY)		Bnai Israel Congre	CITY OF TOWN	timore, Maryland
DHMH - 16 50M 4/82			Funeral Home, Inc	25a. DA	TE REC'D. BY REGISTRAR 255 SEGI	
		NAME	erry Road, Clinto		B 2 2 1983 \	ing Court



DHMH-16 30M 2/80 (VRA 15, 4)

1.	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 3	0 5	8 5
	CEASED NAME FIRST		_	S LAST	Feb.	3 1983 YE	2b. HOUR 8:14 P. M
3. SE	x Female	4. RACE Cauc.	5. DATE	OF BIRTH 11 25 1927	6. AGE (IN YEARS LAST BIR)		
	RTHPLACE (STATE OR FOREIGN COUNTRY) Kansas	U.S.A	• MARRI WIDOW	ED DIVORCED	Prince	Georges	MD.
В	OW ie	4802 RC	yal Cross		12a. USUAL OCCUPATE TUBE OF WORK FOR MOST O Desk Clerk	F WORKING LIFE) 12b. KIN F WORKING LIFE) INDUS	ND OF BUSINESS OR
5 130. S	ATHER'S NAME FIRST	e George 13t.	Bowie LAST	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA		Crossing	Lane 20715
	Milner WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YI	ARMED FORCES? 16b.	social security No. 5-22-3901	Mary 17 INFORMANT James R. Burn	ADDRE		y
TION		b (b) (b) (c) DUE TO, OR AS		WITH M			
CERTIFICAT	19a DATE OF OPERATION		N FOR WHICH OPERATION		20a AUTOPSY? YES □ NO ☑	20b. IF YES, WERE FI IN CERTIFYING CAL YES	USES OF DEATH?
MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICA LETT 21d INJURY OCCURRED WHILE NOTIFY MEDICAL LETT AT WORL NOTIFY MEDICAL LETT AT WORLD THE CONTRIBUTION OF TH	DE DEATH MINIER) P.M. 21e. PLACE OF I (AT HOME, STREET, F)	MONTH DAY YEAF 19 NJURY ACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET 2 , 19 ond that in (my) (aur) opinion DEGREE ATTENDING	crity OR TO	ote and hour and from	TY STATE , that (i) (we) lost
	22d. PHYSICIAN'S NAME (TYPE OR PRINT) Well	baun	22e ADDRESS	andover	RI la	ulover, Ma
	BURIAL, CREMATION, REMO (SPECIFY) Burial			Brook Cem•		Co., OSAE	e, Kan sas
	uneral director	Home 160	000 Annapo Bowie, M	FER	TE REC'D. BY REGISTRAR	2. REGISTRAR'S SIC	Shelf



2		1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH	AL III OILIAL	8 3 REG. NO.	0 5	8 6
			CEASED NAME	FIRST		MIDDLE	ι	AST	20. DATE	OF DEATH MONTH	DAY YEAR	2b. HOUR
eo t				Josep	h	Daniel	В	YRD	Fel	bruary 27	. 1983	5:00 a
OE .	115	3. SE	(4	RACE		5. DATE C			(IN YEARS LAST BIRTHDAY)	MONTHS DAY	
96 00 C	50		Male		Whit	-6	na	/ 00/ 189	99.		RS.	
a Maria	18	7a. BI	RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN O	WHAT COUNTRY?	B. MARRIE	D NEVER MARRIE	D	MORE CITY OR COU		
to de la	1		labama		U.S.		WIDOWE			ince Georg		M
by the filled wo	83	7	TY OR TOWN OF DEA	ATH 1	Doct	HOSPITAL, NURSIE UCH FACILITY, GIVE STREET ORS HOSPI	TADDRESS)	OR OTHER INSTITUTIO	(TYPE OF	ALOCCUPATION WORK FOR MOST OF WORK! armacist	NG LIFE) INDUSTR	OF BUSINESS O
in 24 hou ly filled in should be	35	130. 5	AL RESIDENCE (IF NUR! STATE Ylnad	13b. COUNT	Υ	I 3c. CITY OR TOV	VN	136. INSIDE CITY LIM	7 07	et address 05 Northwo	od Dr.	20772
£ 54	a land	14. F.A	THER'S NAME	M	IDDLE	LAST		15. MOTHER'S MAID	EN NAME	MIDDLE	1, 1	AST
ond w	Jol.	-	Jacob		D.	Byrd		Mary		E.	(unkr	nown)
ond co	dico		VAS DECEASED EVER		ED FORCES?				(son)	ADDRESS		
	E /		No			436-16-	3606A	William .	Jacob By	rd Same	as 13	
the death certificate of the action of the other of the order of the other other of the other	er froumotic event,		18. CAUSE OF DEAT PART I. DEATH V Conditions, if only gove rise to imm couse (o), static	VAS CAUSED IMMEDIATE , which mediate	DUE TO,	Respire OR AS A CONSEQUE	ence of	Failure.	Renal ;	railure .	7	OXIMATE INTERVAL IN ONSET AND DEATH OXIGES
by t ase ase	0.00	- 4	underlying couse		(6)	OR AS A CONSEGO	ENCE OF	pleural e	flees ion		day	13
requires to signed Then ple	tulory, or	NOI	PART 2. OTHER SIG	NIFICANT CO	Senis	contributing to				elar diseas		ltas
he lo on. hos t per	2	CERTIFICATION	190. DATE OF OPERA		19b. CON	DITION FOR WHICH	I OPERATIO	N WAS PERFORMED	YES [□ NONE IN CE	YES, WERE FINE RTIFYING CAUS YES	ES OF DEATH?
ding physici ding physici is certificate buriol-transi Mental Hygi	9	_	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEAT	H HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY C	OCCURRED (ENTE	R NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2	
offendin rer this os the bund we	rked or	MEDICAL	216. INJURY OCCUR	HILE 🗀		E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
R ATTENDIN hospitol or RECTOR: Af hed for use pt. of Health	lem ZI is mo		220.1 certify that (1)					2 4, 19 nd that in(my) jour) o DEGREE	23_, to_	7-27 urred on the date and		, that (I) we) lo he couses stated TE SIGNED
by the ERAL DII	<u> </u>		226. PHYSICIAN'S N	AME (TYPE OR	lemed	8.9	fim,	M . D ATTEND	DING MEDIC	AL STAFF OR PHYSICIAN	2-	27-83
HOSP bined FUNI ould b	D D		James	_	Kim				npies Way	S., Largo	, Md. 2	0772

DHMH - 16 50M 4/82

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

24. FUNERAL DIRECTOR

23b. DATE Mar. 2, 1983

Jonesboro Cemetery

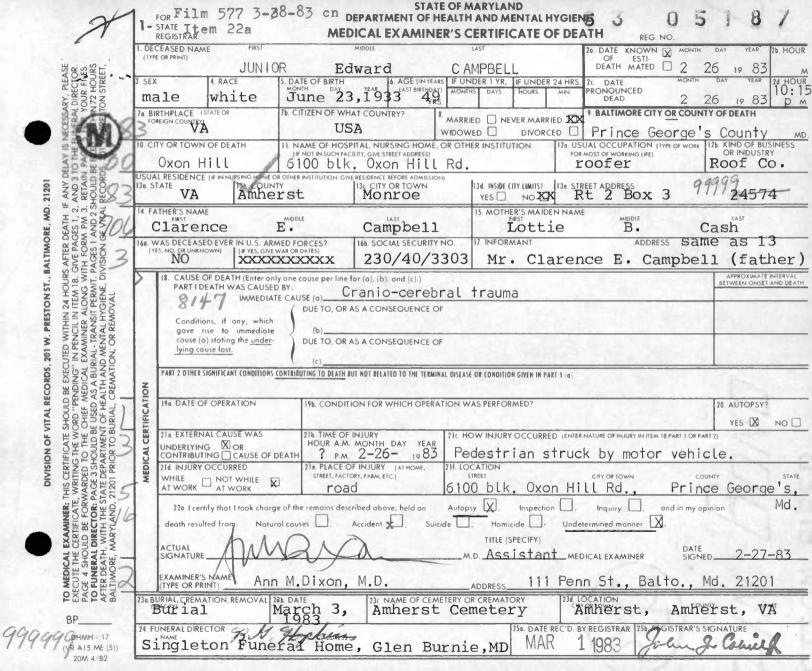
230 NAME OF CEMETERY OR CREMATORY

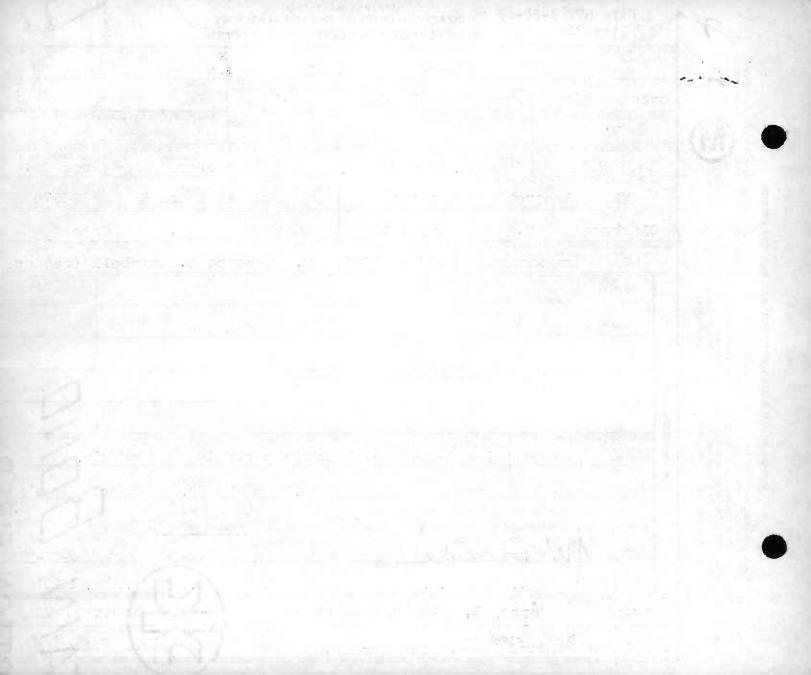
23d. LOCATION
CITY OR TOWN
JONESBOTO, La.

STATE

ral director
Capitol Funeral Service, "Falls Church, Va. MAR 3 1983 1983

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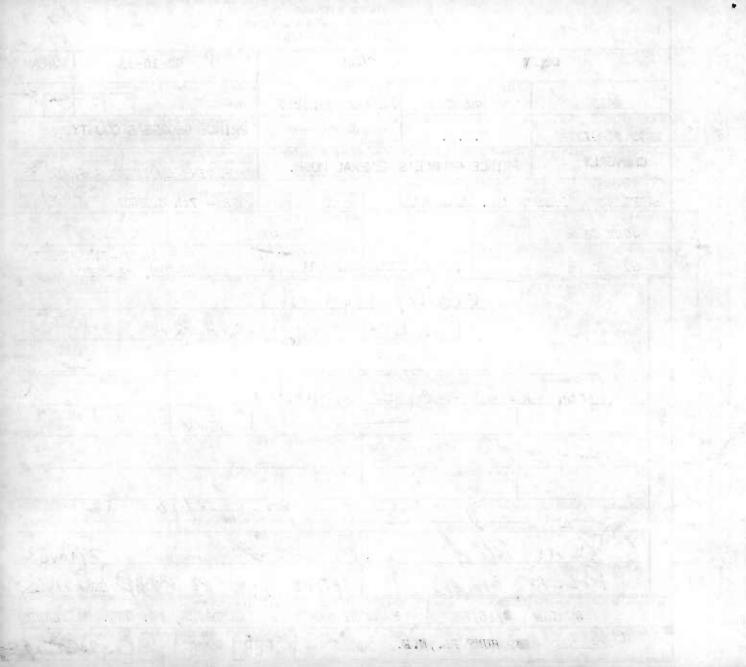


4	1.	FOR STATE REGISTRAR	DEPA	STATE OF MAR ARTMENT OF HEALTH AI CERTIFICATE O	ND MENTAL HY	GIENE 8 3	0	5 1	8 8
v be oth		CEASED NAME FIRST CA	ALLIE	CAMPFIE	LD	20. DATE OF DEATH		12 83	26. HOUR 6:15AM
Poge 4 moy	3. SE	x Male	Black	5. DATE OF BIRTH	1923	6. AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS
# 120	_	RTHPLACE (STATE OR FOREIGN COUNTRY) Outh Carolin	a USA	MARRIED X NEV		PRINCE GEO			MD.
by the fur filed with	(TY OR TOWN OF DEATH		GE AGENERAL H		12d USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired			OF BUSINESS OR
24 hou		AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE BUNTY 134. CITY OR Hyat!	EFORE ADMISSION) TOWN TSVILLE YES	DE CITY LIMITS?	130. STREET ADDRESS 5385 Qui	ncy S	20 treet	3784 Apt. 2
ecuted within d completely fest and 2 should 2 should 2 should 2 should 2 should 2 should be a should	E	ATHER'S NAME Burt	Campfie]	ld Anı		Ruth		Willia	
be execut		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C YES	GIVE WAR OR DATES)	B 9861 Qui	Claric ncy Str	ce Campfi eet, Hyat	eld-w tsvil		385 d. Apt. 2
equires that the death certificate is signed by the attending physici. Then please remove corbanapoper to buriol, cremotion, or removal. injury, or other froumatic event, the	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONST	NARY EDEMA, EQUENCE OF IC RENAL FAI	LURE	NINAL DISEASE OR CON	IDITION GIVE	EN IN PART 11	·a·
he low r on. hos bee t permit. iene prioi	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WE	HICH OPERATION WAS PE	RFORMED	20a AUTOPSY? YES NO	IN CERTIFY	, WERE FINDIN	NGS USED S OF DEATH?
G PHYSICIAN: The I ottending physicion. Ire this certificate has a the burial-transit per and Mental Hygiene and Mental Hygiene ked or them 18 shows	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTIFY MEDICAL EXAMINATION OF COURRED WHILE NOT WHILE AT WORK AT WORK	DEATH HOUR A.M. MONTH	DAY YEAR 19 211. LOC		RED (ENTER NATURE OF INJU	F as	COUNTY	STATE
DR ATTENDIN hospital or DIRECTOR: Afi ched for use o Dept. of Health		220.1 certify that (I) (this has	pital) attended the deceosed from	F-7	ATTENDING	deoth occurred on the d	AFF.		
TO HOSPITAL or retained by the TO FUNERAL Is should be detoo with the State IMPORTANT; If	230.	22d. PHYSICIAN'S NAME (THE		224 ADD	DRESS	DIRECTOR PHYSI			la la
BP DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	Surial UNERAL DIRECTO NAME EWart uner	Fab 119	Warning Ro	Momori	CITY OF LOWN	andov Justiest	er, M	Id . STATE .

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e sillian e	Stre	t ti	10:1	ms0		5-11
webtaville, M. at				** **		te:
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		ling R . H.E.	nea 100.	s .oi	Town Mark	teward

	1	STATE REGISTRAR	DE		IEALTH AND MENTAL HY	GIENE 👸 💐	0 3 1 0 7
(M)		PECEASED NAME PIRST	K	C	ÁRR	20. DATE OF DEATH 02-10	-83 YEAR 25 HOUR 3:46AM
and a second	3. 9	MALE	4. RACE BLACK	S. DATE O	DE BIRTH BER 29,1913	6. AGE (IN YEARS LAST BIRTHDAY) 69	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ary for the state of the state		BIRTHPLACE (STATE OR FOREIGN COUNTRY) EST VIRGINIA	76. CITIZEN OF WHAT COU	NTRY? 8. MARRIE WIDOW	D. NEVER MARRIED DIVORCED D	9 BALTIMORE CITY OR COUNTY PRINCE GEORGE	S COUNTY
Dy the to	10.	CHEVERLY	PRINCE GEOR	NURSING HOME	OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN OPERATING ENGI	
n 24 hau filled in hauld be	130	UAL RESIDENCE (IF NURSING HOME OF STATE 13b COUI PRIN		CE BEFORE ADMISSION) PRIOWN RDEN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 1428 - 7th STR	
ampletely ampletely 1 and 2 s	0	FATHER'S NAME FIRST JOHN CARR		AST	15. MOTHER'S MAIDEN NA)WN MIDDLE	LAST
be executed an and constant seemedical	160.	WAS DECEASED EVER IN U.S. AR {YES, NO OR UNKNOWN} {IF YES, GIV	VE WAR OR DATES)	18 8676A	17. INFORMANT WIFE MATILDA CARR	ADDRESS 14	128 -7th STREET MARYLAND
ING PHYSICIAN: The law requires that the death certificate be executed within 24 having a physician. Independing physician. After this certificate has been signed by the attending physician and campletely filled in the associated property. Pages 1 and 2 should be filled in the definition of the buriol, cremotian, or removal. And Adminish physician prior to buriol, cremotian, or removal.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost	TE CAUSE (0) Caralo	ASSOCIATED SCLENOT	pry arrest ic condiavas	xuly disease_	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IN: The law requires thysician. icate has been signed constit permit. Then pler Wygiene prior to burial 18 shows any injury, ar	CERTIFICATION	Chronic 190 date of operation	Ronal tan	lura	N WAS PERFORMED	YES NOT IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
G PHYSICIAN: T thending physicians this certificate the burid-irons and Mental Hyg ked or Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONT	19	211. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM)	18 PART I OR PART 2) COUNTY STATE
A ATTENDING or on aspital or of the transport of the color of the colo		220.1 certify that (I) (this haspi	tal) attended the deceased	19 <u>\$3</u> , or	nd that in (my) (our) apinion	death accurred on the date and h	
O HOSPITAL OR etained by the ITO FUNERAL DISTRIBUTED BY TO FUNERAL DISTRIBUTED BY STORE DESTANDED BY STORE D	-	234 PHYSICIAMS NAME (TYPE C	/	- 4	ATTENDING	DIRECTOR PHYSICIAN	210/83
TO HOSE TO FUNISHOUR IS NAMED IN THE IMPORTY	230	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 2/15/83	23c NAME OF C	EMETERY OR CREMATORY ONY CEMETERY	23d LOCATION LANDOVER, PR.	N SPEI)VES GEO∵ MARYLÂND
DHMH - 16 50M 4/82 (VRA 15, 4)	24.	FUNERAL DIRECTOR NAME ROLLINS 4	339 HUNT PL	N E .	25a. DA	TE REC'D. BY REGISTRAR 256. REG	

STATE OF MARYLAND



8	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 3	05190
m #		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR am
oy be		Ire		Carr		ary 10.1983 2:11 AM
E STATE OF THE STA	3. SEX	EMALE	WHITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN.
製物	M' BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince Geo	re County of DEATH MD.
the difference of the state of	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS)	12a USUAL OCCUPATI	ON 126. KIND OF BUSINESS OR
in by the filed be filed	.USUA	Laurel AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	Beltsville Hospital RE ADMISSION)	HOMEN	TARER
Z g sille 24	13a. S	PARYLAND P.	6. LAUR	YES NO S	332 VA	LE SUMMIT So.
mpletely ond 2 sho	14 FA	HER'S NAME	PIDDLE / - / FLAST	SR. ADAT	ME MIPOLE	LAST
n ond cor Poges 1		(AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		ADDRE	
rs. Po		NO		DOROTHY SH,	AFFER 4	719 MARYKHOLLKI
physic npope movol vent, t		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line to (a), (b), a ED BY: TE CAUSE (a)	ic Allest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
tending re carbo an, or re umotic e		1991	DUE TO, OR AS ASONSEOL	ENCE OF		
e death e offend motion, o froumot		Conditions, if any, which gove rise to immediate) (0)	unania		
thot the sose result of creek		cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSECT	astratic Carcia	a ona	
gned phed burio burio	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 11a
the law cel on pass been permit. I ene prior i	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICE	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sum \) NO \(\sum \)
physics refricate fol Hyg		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D		RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
this ce d Men	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	19 21f. LOCATION STREET	CITY OR TO	WN COUNTY STATE
orked orked	~	AT WORK NOT WHILE AT WORK			10.00	
TOR J	2	270.1 certify that (I) (this hospi	otal) ottended the deceased from 19	83 , and that in (my) (my) opinion		that (I) (we) lost ate and haur and from the causes stated
OR A DIREC DOREC DOREC DOREC DORPT. If Hem		27b. SIGNATURE	A A h	DEGREE	MEDICAL STAT	22c. DATE SIGNED
75 7500		22d. PHYSICIAN'S NAME (TYPE O	y drien,	ATTENDING PHYSICIAN [MEDICAL STAF	IAN 21085
THE PRESE		105:10	A. 11/2000	N 321 Prin	co Crosses S	1 Lamel
APOP FL		Willam	11 Walte	0 301 1700.	e cons	20707
TO FUNERAL should be de with the Stot	23a. B	MAL, CREMATION, REMOVAL	23b. DATE 23c 23c 23c	NAME OF CEMETERY OF CREMATORY	23d. LOCOTION ORTOWN	more Co. Mil

Tester Assess Commence of the standing A Mail of the Contract of the CHARAL LEFT TO LEAVE WELL STORY LINE LINE FOR THE COUNTY STEEL STEEL FEB : 8 1883 John J. Carry Carry

A Company of the control of the cont Olisted Office to British Contable & Date De

(VRA 15, 4)

STATE OF MARYLAND

THE RELIGIOUS ASSESSMENT OF THE PARTY OF THE CANCEL FROM I. E. THE ANNA PLANTAGE STATES AND THE STATES

MIDDLE

FOR - STATE

REGISTRAR

FIRST

L DECEASED NAME

TYPE OR PRINT

Own Home 6304 Somerset Road 20737 Ki ADDRESS Same as #13 (Daughter) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OR TOWN STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Feb. 7. 1983 PHYSICIAN DIRECTOR PHYSICIAN 5506 Kenilworth Ave. # 105-Riverdale. Md. 2/10/83 Cremation Brentwood Maryland Ft. Lincoln Crematory 24 FUNERAL DIRECTOR F. Gasch's Sons F.H. P.A. Hyattsville, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

126 KIND OF BUSINESS OR

IF UNDER 1 YEAR

10:30P

20. DATE OF DEATH MONTH

DHMH - 16 50M 4/82 (VRA 15, 4)

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E. Conchis Sons E.H. M.A. Cynthavillo, Md.

FOR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

Hvattsville, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	5 9 5
o o o o th		CEASED NAME FIRST BERM	MIDDLE	Chain Tiami.	20. DATE OF DEATH MONTH	28 83 10 PM
> 000	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Male	Caucasian	10 14 1906	76 YRS.	MONTHS DAYS HOURS MIN.
death. Page unergrainer of effe	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
Junero Jun Z	Wa	shington, D.C.	USA	WIDOWED DIVORCED	PRINCE GEORGE'S	
rs ofter de by the fun filed within	0	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET PRINCE GEORGE'S	GENERAL HOSPITAL	120 USUAL OCCUPATION (IXEE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS O INDUSTRY
filled in could be f	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY 12 136 COUNTY 12 136 COUNTY 13 13 13 13 13 13 13 13 13 13 13 13 13	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOV. Greenbe	E ADMISSION) /N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 22 Ridge Road	20770
tely 2 sh	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N		LAST
omple ond		Albert /	(A) Christian	na Christi	ne (NA)	Carrado
n ond co		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)		ADDRESS	
the me			215-14-	7236 Mary Edelen	6611 Newport Rd.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the death certificate in signed by the attending physici. Then please remove carbon paper in to burial, cremation, or removal, injury, or other traumatic event, the	7	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE CO	Enlicular hea	ease I failure MINAL DISEASE OR CONDITION GI	VEN IN PART 110
in. hos bee hos been it permit me prion ws any	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
HYSICIAN: The ding physicion is certificate hourid-transit p. Mental Hygier or frem 18 show		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
ad and and and and and and and and and a	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211. LOCATION	CITY OR TOWN	COUNTY STATE
TTENI pprtol TTOR: for us of He			ital) attended the deceased from . 2/28/83 19 it view the body after death.	, 19 9 2 , and that in (my) (our) opinion	n death accurred on the date and ha	19.673., that (I) (we) lo ur and from the couses stated
7 5 7 5 8 2		226. SIGNATURE Wee	audyno	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
FUI FUI		Tomas J. He	ernandez MD	PRINCE GOOD	rge's Hosp. Cheve.	rly, md, 2078s
P		BURIAL, CREMATION, REMOVAL (SPECIFY)	236. DATE 230 4 Ward 83	NAME OF CEMETERY OR CREMATORY MT. DIVET	23d LOCATION CITY OR TOWN WAS A	COUNTY
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. F	UNERAL DIRECTOR WES LANDAM FH	9013 Annapole	Rodonhom mo 250 M	AR 1 5 1983	TRAR'S SIGNATURE.

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	STATE OF MARYLAND
1 - FOR STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
I. DECEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 26. HOU
3. SEX 14. RACE	S DATE OF BIRTH 16 AGE (IN YEARS IF UNDER 1 YR TIF LINDER 24 HRS 27 DATE MONTH DAY YEAR 24 HOUSE
FW	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 19 MAN
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK	USA 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OF COUNTY OF DEATH WIDOWED XX DIVORCED Prince George MD
adelphi	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION UE NOT IN SUCH FACUITY, GIVE STREET ADDRESS) 9250 Edwards Way 12a USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY) FOR MOST OF WORKING LIFE) Nomemaker
USUAL RESIDENCE (IF IN NURSING HOME STATE Maryland P.G	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE (11Y LIMITS? 13e. STREET ADDRESS 13e. STR
Harry Hylan	d LAST Christina W. Wersley
160. WAS DECEASED EVER IN U.S. AF	MED FORCES? WAR OR DATES) 166. SOCIAL SECURITY NO. 17. INFORMANT O80 01 5206 Margaret Mead 2602 Lackawanna St.
	(b) (3 V)
196. DATE OF OPERATION 196. DATE OF OPERATION 216. EXTERNAL CAUSE WAS OUNDERLYING OR CONTRIBUTING CAUSE OF WHILE NOT WHILE	19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO
210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	
CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF 214 INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (ATHOME. STREET CITY OR TOWN COUNTY STATE
22a. I certify that I took char death resulted from: Natu	ge of the remails described above, held an Autopsy , Inspection , Inquiry , and in my opinion irol causes , Accident , Suicide , Hamicide , Undetermined manner ,
2 EXAMINER'S NAME 563	2 anna polis Pd Bladers bry MT 20110
22a. I certify that I took charded the resulted from: Note actual SIGNATURE SAME SAME SAME SAME SAME SAME SAME SAM	ADDRESS 236. DATE 1236. NAME OF CEMETERY OR CREMATORY Feb. 18, 1983 Gate of Heaven Silver Spring, Md.
24 FUNERAL DIRECTOR W. W. Taltavull	2001 6 250. DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE

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STATE OF MARYLAND

FOR

(VRA 15, 4)

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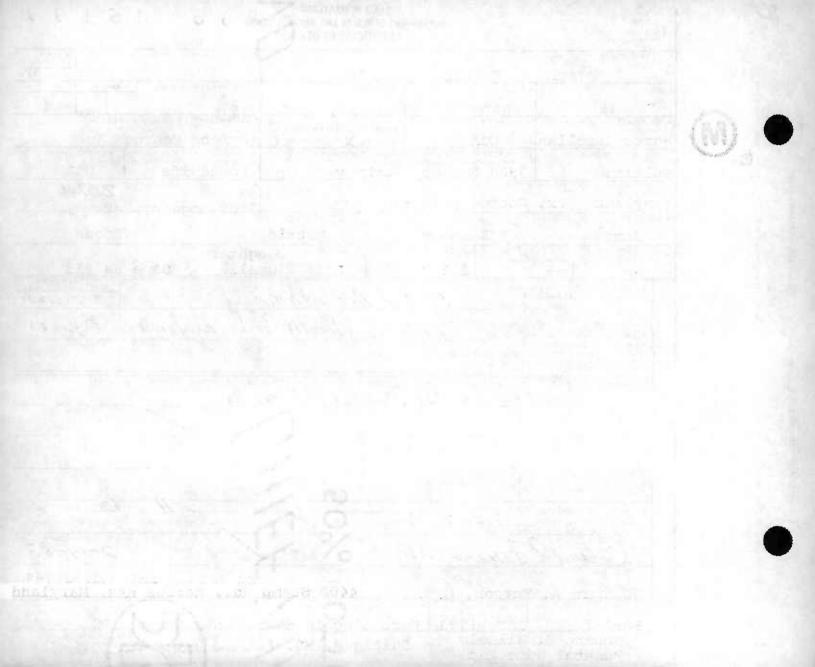
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a 1/				STATE OF	MARYLAND			AL.
A Ko	1	FOR STATE		DEPARTMENT OF HEAL	TH AND MENTAL H	YGIENE 3) 5 9	Ö
		REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE C	F DEATH REG. NO	0./	
		ECEASED NAME YPE OR PRINT)	FIRST	ANDOLE	LAST	20. DATE KNOWN	MONTH DAY YEAR	26. HOUR
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A O H O H	3 S	EX 4. RACE	S. DATE OF BIR		UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE	MONTH DAY YEAR	2d. HOUR
E AN X	1	emile Blac	16 2-12	1 (AST BIRTHDAY) MC	INTHS DAYS HOURS	MIN. PRONOUNCED DEAD	2-11 1983	11:45
【数多	7 7a	BIRTHPLACE ISTATE OR	76. CITIZEN OF WI	IAT COUNTRYS		9. BALTIMORE CITY C	OR COUNTY OF DEATH	AM
素をなる		FOREIGN COUNTRY)	7.0	150/52900	RRIED WEVER MARR	ED LINE CE	EORGES	
I. 21201 IF ANY DELAY IS NE AND 3 TO THE FUR SHOULD BE FILED HECORDS, 201 WELL	10.	partanburg S	11. NAME OF HOS	PITAL, NURSING HOME, OR C		120. USUAL OCCUPATION ITYPE		MD.
SESES!		LLCREST HGTS	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTR	
DELA 3 TO T IN PA RDS, 3			• 3900 247 G HOME OR OTHER INSTITUTION, GI	H AVENUE /E RESIDENCE BEFORE ADMISSION)		Teacher-Retir	ed School	Syste
SCHA NO	3 L 13a.	STATE 136	COUNTS	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	20748	
F A SHOW		Md	7.0	Temple Hills		3900 24th St		
JRS AFTER DEATH, IF ANY GOVERNMENT OF AND SHEED SHOULD SHOULD SHOULD DIVISION OF ALTAIN RECO	10	FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDE	EN NAME MIDDLE	LAST	
AN AN AN	00	Virgil	Fry		Betty		arker	
SE S	1 160.	WAS DECEASED EVER IN I	U.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
URS AFTER DE B. GIVE PAGES WITH FORM I	/ _	No		578-40-0601	Mr. Talma	adge B. Clemons	/husband/same	e as
. # 2 0		18. CAUSE OF DEATH (E PART I DEATH WAS	enter only one couse per line	1 6 2		13e	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
PRESTON ST., ITHIN 24 HOUR CIL IN ITEM 18. VER ALONG WANSIT PERMIT. AL HYGIENE, D	i i		MEDIATE CAUSE (a)	michagine	Clarun	ring		
N IN	§	1629		AS A CONSEQUENCE OF				
A ALT	SE SE	Conditions, if any, gove rise to imm						
W. WEN	ð	couse (a) stating the		AS A CONSEQUENCE OF				
UTED IN P	Ž	lying couse last.	(c)					
BIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RTING THE WORD "PENDING" PED TO THE CHIEF MEDICAL E3 SHOULD BE USED AS A BUL E DEPARTMENT OF HEALTH AN	\$	PART 2 OTHER SIGNIFICANT CO		BUT NOT RELATED TO THE TERMINAL DIST	ASE OR CONDITION GIVEN IN PA	RT 1 (a)		
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SHOULD ORD "PE CHIEF A FE USED /		Maria Dispersion					YES 🗆	NO A
E. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS. IN PENCIL IN ITEM 18 RWARDED TO THE WORD." PENDING". IN PENCIL IN ITEM 18 RWARDED TO THE CHIER ASDICAL, EXAMINER ALONG 18: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMITS STATE DEPARTMENT OF HEATTH AND MENTAL HYGIENE,	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE V			HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 I		
A HOUSE	× <	UNDERLYING OR		MONTH DAY YEAR				
CERTING DED T 3 SHC DEPA	DIO DIO	21d. INJURY OCCURRED	21e PLACE C	OF INJURY JATHOME, 21f.	OCATION			
IS CAN A SECOND	Q X	WHILE NOT WH	ILE JULI	ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
JER: THIS CATE, WR FORWARI OR: PAGE THE STATE	72	7,7,7,0,1,0						
TO MEDICAL EXAMINER: TO EXCUTE THE CERTIFICATE. YEAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STA	Q Z	22a I certify that I too	ok charge of the remains des	eribed above, held on Aut	opsy . Inspection	n . Inquiry . an	d in my apinion	
ME HE	3	deoth resulted from:	Natural causes .	Accident . Suicide L	, Hamicide	Undetermined manner,		
WE BERK	\$	ACTUAL ON	14/h		TITLE (SPECIFY)		DATE 2/ 14/	23
₹ ₹₹	,	SIGNATURE /	farry / le	eligiks-	M.D. Deputy	MEDICAL EXAMINER	DATE SIGNED 2/ 14/	0)
MEDIC CUTE 3E 4 S FUNE	8	EXAMINER'S NAME	and a second	10	F000			
S S S S S S S S S S S S S S S S S S S		(TYPE OR PRINT) _AU	GUSTO P. RC	DRIGUEZ M. DM	ADDRESS 5009 R	AYBURN CT CAM	D CDD DDT CE	
PASPA!	230.	BURIAL, CREMATION, REMO		23c. NAME OF CEMETERY		23d. LOCATION	COUNTY MD BY	#748
BP		Burial	2-18-83	Lincoln l		Suitland,	Md.	0/48
DHMH - 17	24	FUNERAL DIRECTOR	ADDRESS		25a. DATE	REC'D. BY REGISTRAR TAB. REGI	STRAR'S SIGNATURE	100
(VR A15 ME (5	5))	John T. Rhin	nes Co.,3015	12th St. N.E.,	D.C. 20017	221983 Jaan	- of while	
20M 4/B2	-							

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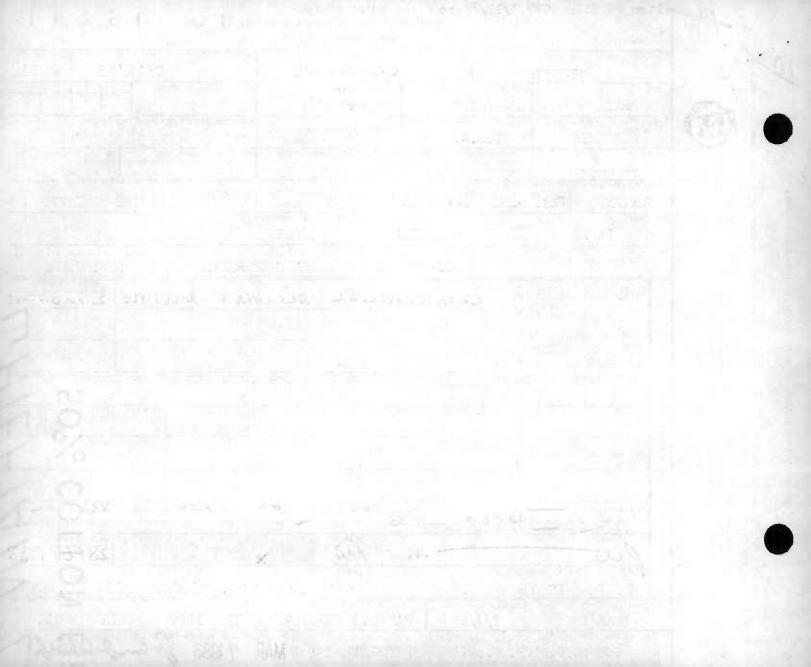
	1 -	FOR STATE REGISTRAR			DEF	PARTMENT OF	E OF MARYLAP TEALTH AND M TICATE OF DE	ENTAL HYGI		. NO.	5 1	9 9
m 5	1. DEC	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
page 3			ssie	Co	rdeli	a Co	le		F	eb. 1	1.1983	7:30PA
ter of the control of	3. SE	(1	I. RACE		5. DATE		YEAR	6. AGE (IN YEARS LAST	BIRTHDAY}	IF UNDER 1 YEAR	IF UNDER 24 HRS.
ol o		Female		White	e	July		887	95	YRS.		
TABO		RTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COU	MARRIE	D NEVER MA	ARRIED 🗆	9 BALTIMORE CIT	OR COUNT	Y OF DEATH	
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iled iled		TY OR TOWN OF DEA	TH 1	(IF NOT IN SUC	CH FACILITY, GIVE	OURSING HOME (STREET ADDRESS) Cy Parl		TUTION	12a. USUAL OCCUP (TYPE OF WORK FOR MO Housew:	ST OF WORKING L		F BUSINESS OR
muld be f	13a. S	AL RESIDENCE (IF NURSI TATE Tyland	13b. COUN'	OTHER INSTITUTION	13t. CITY OF	E BEFORE ADMISSION	13d. INSIDE CIT	TY LIMITS?	13e. STREET ADDRES	SS	ZØ7	
and 2 sh	14 FA	THER'S NAME FIRST James	M	NIDDLE K	enned	ST	15. MOTHER'S	MAIDEN NAM	ME MIDDLE	_	Boone	ST.
0 -		VAS DECEASED EVER		AED FORCES?		SECURITY NO.	17 INFORMAN		ighter AD	DRESS		
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pers.			H (Enter anl	v ane couse per		 	4 /	, ,				MATE INTERVAL
phys mave vent,	10	PART I. DEATH W	AS CAUSED		F	atal	Arrhas	thmi	a			seconds
d by the attend lease remave co ial, crematian, a ar ather traumat		Canditians, if any, gove rise to imm cause (a), statin underlying cause	nediale g the last.	(b)	PR AS A CON	SEQUENCE OF			rdioVescu			years.
Then print to bur	NOI	PART 2 OTHER SIGN	OFFICANT CO	opplitions co	ascul	or Death But	NOT RELATED T	Ar H	MALDISEASE OR CO	ONDITION GI	VEN IN PART 110	יכ
it permit.	CERTIFICATION	19a. DATE OF OPERAT	NOI	19b. COND	ITION FOR V	VHICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	HY CERTI	S, WERE FINDIN FYING CAUSES ES []	OF DEATH?
ial-transii ntal Hygi em 18 sh		218. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT		OF INJURY .M. MONTI	H DAY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE OF II	NJURY IN ITEM 18	PART 1 OR PART 2)	
s the bur and Me	MEDICAL	21d. INJURY OCCURE	ILE 🗆	21e PLACE (AT HOME, ST	OF INJURY	OFFICE, FARM, ETC.)	.21f. LOCATION	N	CITY OF	NWOT	COUNTY	STATE
COR: Af or use o of Healtl	8	22a.1 certify that (1) saw the decease	d alive an_		2-7		nd that in (my) (or) opinion o	, tadeath occurred an the	date and ha		that (1) (we) last causes stated
of DIRECTOR of the Dept. of the Dept. of the Distriction of the Distri		22b. SIGNATURE	2/4	Fales	after death.	nD.	DEGREE AT	TENDING HYSICIAN	MEDICAL S DIRECTOR PHY	TAFF	22c. DATE 2-/	SIGNED 4-83
NER De de Sto		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT)	1		22e ADDRESS				514	20744
should be deto with the State I	22- 0	Richard		Farsor	M.1		9401]	Indian	ort Wash			te 360
	230. 6	SPECIFY)	JAVOMAN		1000				CITY OR TOWN		COUNTY	STATE
	24. FU	Burial	+ E	15Feb Wilhe	7		Lincolr	25a DATE	Bladen:	ARIZSM REGIS	PG TRAR'S SIGNAT	Md
5 50M 4/82 15, 4)		JNERAL ROBER Funer	al HO	Ome In	ADI	PRESS Suit	land, N	MD. F	EB 23 198	3 /00	mos a	awief.



		1.	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 3	0	5 2	0 (
noy be poge 3			CEASED NAME FIRST	JOHN L	co COF	RBIN	20. DATE OF DEATH		20 83	26. HOUR 9:30
4 moy		3. SE	ale	4 RACE White		OF BIRTH 28, DAY 1903 EAR	6. AGE JIN YEARS LAST BIR	YRS.	FUNDER I YEAR	IF UNDER 24
M	183		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8. MARRI	ED NEVER MARRIED	I WILLOW OFO	R COUNTY	OF DEATH COUNTY	
	74		TY OR TOWN OF DEATH CHEVERLY	PRIMOENTE	AL, NURSING HOME ROETHES ADDEDNE	OR OTHER INSTITUTION ERAL HOSP	12a USUAL OCCUPAT	ION OF WORKING LIFE	Emplo	
filled in ould be f	35	USU. 13p.	AL RESIDENCE (IF NURSING HONE) TATE Aryland Pr		IDENCE REPORE ADMISSION TORSOWN	13d. INSIDE CITY LIMITS? YES NO	13.9762 ADDRES	ville	Drive	2074
ed within mpletely ond 2 sh	2	14. FA	John I	William Co	orbin	15. MOTHER'S MAIDEN N Rebecca FIRST	IAME MIDDLE		Jordan	ı
			VAS DECEASED EVER IN U.S.		OCIAL SECURITY NO. 3 03 2508	Jeanne E. G.	ADDR		(Siste	r)
ow requires that the d been signed by the o rmit. Then please remo prior to buriol, cremoti		ATION	Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost PART 2 OTHER SIGNIFICA	DUE TO, OR AS A (c) NT CONDITIONS CONTRIB		T NOT RELATED TO THE TER	APOST	20b. IF YES	, WERE FINDIN	NGS USED
The licion.	2 Smous	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJU	RY	21c. HOW INJURY OCCU	YES NO NO NO NOTIFICE OF INJURIED (ENTER NATURE OF INJURIED)	YES	YING CAUSES S	OF DEATH
SIC ng cer rrio	ked or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF CIFE EITHER, NOTIFY MEDICAL EXAMED CAUSE OF COLURRED CAUSE OF CAUSE	FDEATH HOUR A.M. M AINER) P.M. 210. PLACE OF INJ	ONTH DAY YEAF 19 URY TORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO		COUNTY	STA
R ATTENDIN hospital or RECTOR: Aft red for use o	t. of Heolth m 21 is mort		22a.1 certify that (I) (this h		19 93	and that in (my) (our) opinio	n deoth occurred on the d	ote and hour		
PITAL OI by the ERAL DI State De	AN T		22d. PHYSICIAN'S NAME (YPÉ OR PRINT)		ATTENDING PHYSICIAN 171. ADDRESS	MEDICAL STA	FF CIAN [2/-	22/
	W W		BURIAL, CREMATION, REMO	7 AQ · A · VAL 23b. DATE 2/23/83		CEMETERY OR CREMATORY	23d LOCATION Rockingha	m Lor	uisa	-) gu
BP DHMH - 16 50M 4/ (VRA 15, 4)	B2	1 1	ranets Tasch Lyattsville, 1				ATE REC'D. BY REGISTRAF		RAR'S SIGN	URE

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		FOR STATE REGISTRAR EASED NAME FIRST	WIDDLE		ALTH AND MENTAL HY	REG. NO		EAR 125 HOUR
7.5		EASED NAME FIRST GEORGE	R.		VELIUS	20. DATE OF DEATH	2/28/83	26. HOUR 7:52 PM
ap de	3. SEX		I. RACE	5. DATE OF	виды	6. AGE (IN YEARS LAST BIR	HDAY) IF UNDER I	YEAR IF UNDER 24 HRS.
		MALE	CAUCASIAN	FEB-	24,1913 YEAR	70	YRS.	DAYS HOURS MIN.
HAME.	7a. BIR	THPLACE (STATE OF FOREIGN)	b. CITIZEN OF WHAT COUNT	RY? B. MARRIE X	NEVER MARRIED	9. BALTIMORE CITY O		
10)	VIRGINIA	u.s.A.	WIDOWED	DIVORCED [PRINCE GI		
filed with		CLINTON	1. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVEST SOUTHERN MAT	RYLAND		120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O	WORKING LIFE) INDU	STRY CO
should be	130. S	L RESIDENCE (IF NURSING HOME OR C TATE RYLAND PRI.	THER INSTITUTION, GIVE RESIDENCE BI	EFORE ADMISSION)	34. INSIDE CITY LIMITS?	13. STREET ADDRESS 6508 PEPI	000,,,,,	20772
of Sulface	14. FA	THER'S NAME	NDOLELAST		S. MOTHER'S MAIDEN N			(AST
(G) ()	1	FLOYD	CORNEL		BËSSIE	"Rut		'^SDYE
medico	16a. W	AS DECEASED EVER IN U.S. ARA			7. INFORMANT SON OMAR LEWIS (ss 243 HAI ILVER SPRI	NNES STREET ING,MD.
i piesse remove caraanpuper iurial, crematian, or remaval. y, or other traumatic event, th		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE AS OCCUPANTION OF THE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE OFFIC	DUE TO, OR AS A CONSE (c) DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c)	QUENCE OF		DENT - MU	LTIPLE 2	PPROXIMATE INTERVAL WEEN ONSET AND DEATH WEEN ONSET AND THE
ene prior to k	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CA	
	ER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT			21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PA	
and Mental Hygurked or Item 18 sho	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE NOT WHILE	P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF	19 (2 FICE, FARM, ETC.)	PII LOCATION STREET	CiTY OR TO	vn coun	TY STATE
be detached for use os the Durion for State Dept. of Health and Mental Hy IANT: If them 21 is marked or them 18		(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHIE NOTIFY IN THE AT WORK 22o. I certify that (I) (No. 1) Saw the deceased alive an abave, (I) 22b. SIGNATURE 22b. SIGNATURE 24d. PHYSICIAN'S NAME (TYPE OR	21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF a)) attended the deceased fro 23 FEB view the body after death.	om DEC 9 83 , and DE	that in (my) (oc) opinion GREE ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAF	te and haur and frai	L, that (1) (w) lost in the causes stated DATE SIGNED
hed for use as the burial-tran lept. of Health and Mental Hy them 21 is marked ar them 18	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (ship hospit saw the deceased alive an abave, (I) (sup) (did) 1010 and 22b. SIGNATURE	21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFF AT A STREET, FACTORY,	omDES	that in (my) (oc) opinion GREE ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	te and haur and frai	L, that (1) (w) lost in the causes stated DATE SIGNED



Hvattsville. Maryland

(VRA 15, 4)

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Rd., Suitland, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

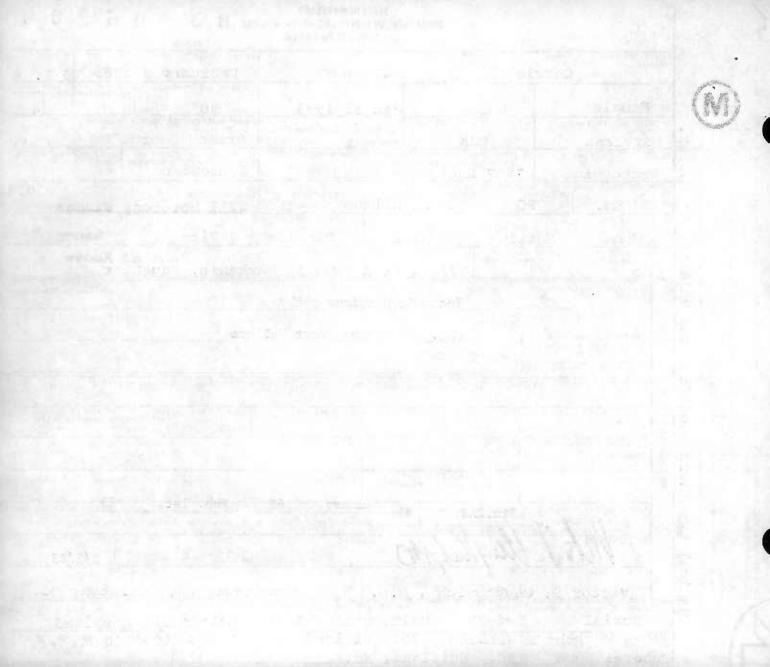
CERTIFICATE OF DEATH

FOR - STATE

(VRA 15, 4)

Funeral Home

REGISTRAR



120 1	- STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0 5 2 0 6
	DECEASED NAME (TYPE OR PRINT)	MIDDLE LAST 20 DATE KNOWN OF ESTI- DEATH MATED	= 2 8 837.0
3.	SEX A RACE	S. DATE OF BIRTH S. DATE OF BIRTH S. DATE PRONOUNCED DEAD DEAD DEAD	MONTH DAY YEAR 2d. HOUR
7	BIRTHPLACE (STATE OR FOREIGN COUNTRY) CZECNOSLOVAKIA	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CIT	Y OR COUNTY OF DEATH Georges
4	CITY OR TOWN OF DEATH	Greater Laurel-Beltsville Hospital financial	nalyst U.S. GOVE
5 13		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TO GE Georges 13c. FIX OR TENN 2070 7 YES NO 136. STREET ADDRESS VES NO 16 405	iales 8+, 20707
00	FATHER'S NAME Stefan		etras LAST
16	(YES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDR Mary Danihel same as a	
		DUE TO, OR AS A CONSEQUENCE OF (c)	
1913	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D AUTOPSY?
3	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 210. INJURY OCCURRED WHILE NOT WHILE		
	WHILE OCT WHILE AT WORK	210 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN	COUNTY STATE
BALTIMORE, MARYLAND, 21		ge of the remains described above, held on Autopsy , Inspection , Inquiry , , , , , , , , , , , , , , , , , , ,	ond in my opinion DATE 2-9-83
BALTIMO 13	EXAMINER'S NAME 63 (ITYPE OR PRINT) 563 BORNIAL, CREMATION, REMOVAL (SPECIFC remation)	2 annapolis Rd Bladers Dry Mr 13b Date 14,198 336 NAME OF CEMETERY OR CREMATORY Park Cation Bre Feb. 14,198 Westview Memorial Park Cationsville	20710 NTWESSER STATE
5))	4 FUNERAL DIRECTOR NATionaldson Fun	neral Home, Laurel, Md FEB 2 2 1983	EGISTRAR'S SIGNATURE

20M 4/B2

570 . . . daylen Trints P I than offwest - form reserve toyuel surrous nonlers beature Smyle Procession - tob. 14, 1903 version warried law Lagoratics,

onellson smeral bond, Laurel, in

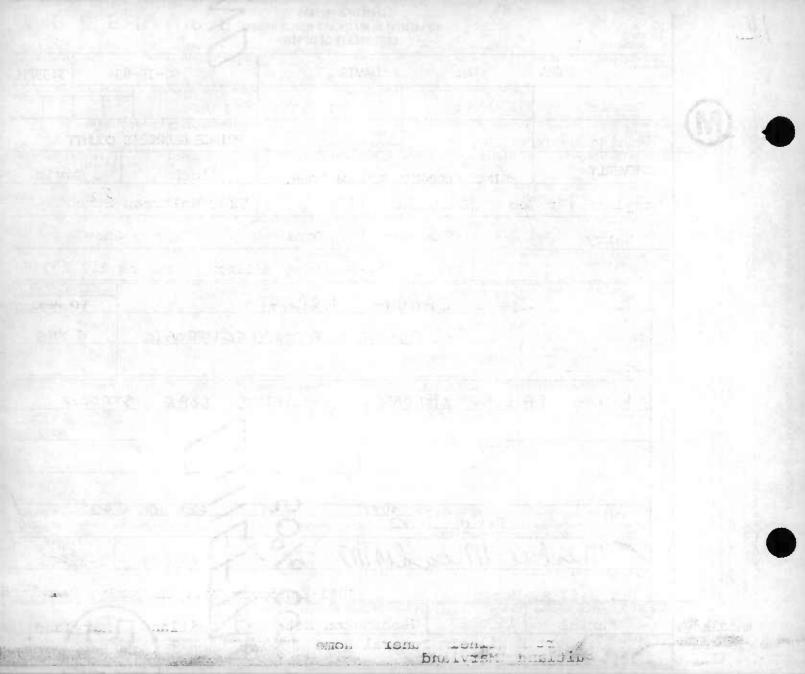
	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF I	E OF MARTLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	REG. NO.) 5 2	0 7
		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF	HINOM HTA	DAY YEAR	26 HOUR
roth	,,,,,,	D	OROTH	łΥ	G.		DARLING		02-2	22-83	11:05AM
2 .0	3. SE	х		4. RACE		5. DATE (6. AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
2		Female		White		Dec	. 10, 1927	55	YRS		
M)		IRTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF		TRY? 8.	D NEVER MARRIED	9. BALTIMOR	E CITY OR COUN	TY OF DEATH	
		ashington,		U.S.		WIDOW	DIVORCED	PRI	NCE GEORG		MD.
2	10. C	ITY OR TOWN OF DEA	TH		HOSPITAL, NI		OR OTHER INSTITUTION	120. USUAL O	CCUPATION FOR MOST OF WORKING	12b. KIND	OF BUSINESS OR
Plantified	-	CHEVERLY		PRINCE	GEORG	E'S GEN	RAL HOSPITAL	Profess			Employed
and step		AL RESIDENCE (IF NURSI STATE aryland	13b. COUN			before admission) TOWN rdale	13d. INSIDE CITY LIMITS?	136 STREET A	obress Pla	Code -	20737
z siner	14. F.	ATHER'S NAME		MIDDLE	LAS		15. MOTHER'S MAIDEN N	IAME	MIDDLE		AST
Duo lo		Howard		MIDDLE	Dor		Lucy			Nas	ella
s .0 /	16a. \	WAS DECEASED EVER		MED FORCES?	166. SOCIAL	SECURITY NO.	17. INFORMANT				estern Bly
medicol		YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	214-3	0-1237	Mr. Paul No	one	Dallas,	Texas 7	5206
-le of the		18 CAUSE OF DEATH	1 (Enter on	ly one couse pe	r line for (a), (l	o), and (c).)				APPRO BETWEEN	XIMATE INTERVAL
buriol, crematian, oury, or other traumo	z	Conditions, if ony, gove rise to imm couse (0), statin underlying couse	dediote g the lost.	(b) DUE TO, O	R AS A CONS	EQUENCE OF	NOT RELATED TO THE TEI	RMINAL DISEASE	OR CONDITION (GIVEN IN PART 1	(0,
or to	음	19g. DATE OF OPERAT	-NA	سد ناه	34004	me 40	N WAS PERFORMED	20g AUTOF	201 150	YES, WERE FIND	NICC LICED
ermit e prio	5 S	190. DATE OF OPERAT	ION	198. COND	IHON FOR W	HICH OPERATIO	N WAS PERFORMED		IN CER	TIFYING CAUSE	S OF DEATH?
entol Hygier tem 18 shov	CAL CERTIFICATION	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	HOUR A		DAY YEAR	21c. HOW INJURY OCCU		JRE OF INJURY IN ITEM I	YES []	NO []
× ö	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗍	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, O	FFICE, FARM, ETC]	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TO CONGRAL UNICALORS should be detached for use os the with the State Dept. of Health and IMPORTANT: If Hem 21 is marked		22a.1 certify that (1) saw the decease above. It twelf to 22b. SIGNATURE	(this flower of the control of the c	t view the body	after death.	19 83,0	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL DIRECTOR [on the date and h	22c PAT	E SIGNED
± + 3 ≥	23o.	BURIAL, CREMATION,	REMOVAL				CEMETERY OR CREMATOR	CITY C	ION r town	COUNTY	STATE
		Buria	1	Feb.25	1983	Ft. Li	coln Cemeter		ntwood	P.G.	Maryland
5 50M 4/82	24. F	UNERAL DIRECTOR			ADD	RESS	25a. D	A A	GISTRAR 265/REG	ISTRAR'S SIGN	TURE
15, 4)	F.	Gasch's S	ons F	.H. P.A	. Hvat	tsville	Maryland F	EB 2819	383 /00	0000	- may

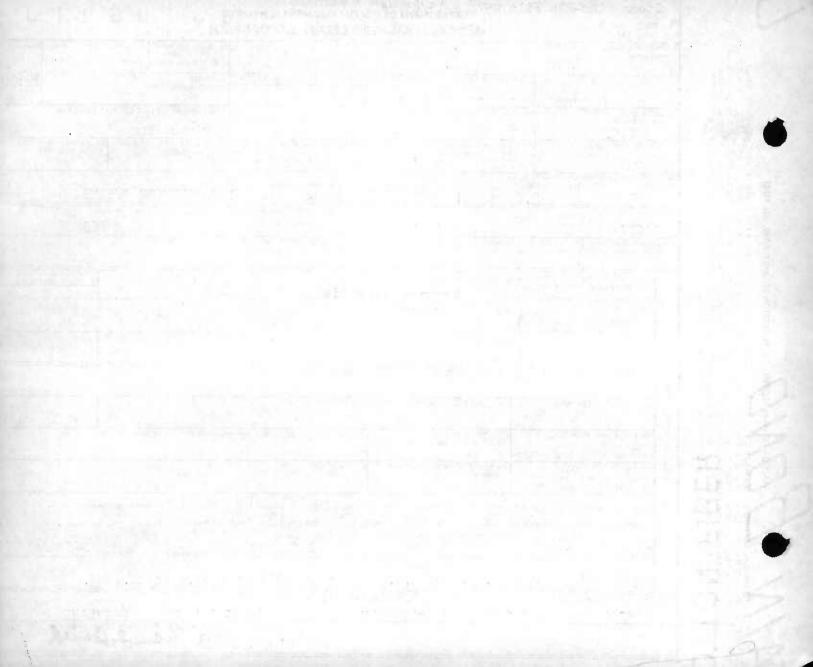
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	1. DE	CEASED NAME	FIRST		MIDDLE	EXAMINE		AST	JAIL C		20. DATE	REG. N	_	DAY	YEAR	2b. HOUR	
******	(TYP	E OR PRINT)	Mildred	Elza Dar	oie						OF	ESTI- MATED	2/3		10	9:51a	
5973	3. SEX	(4.	RACE	S. DATE OF BIRTH		6. AGE (IN YEAR	s IF UNI	DER 1 YR.	IF UNDER	24 HRS.	2c. DATE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MONTH	DAY	19 YEAR	2d, HOUR	
(107)		F	W	12 13 1.	3	69 YRS	MONTH	DAYS	HOURS	MIN.	PRONOUN DE AD	ICED	2/3	3/83	19	9:51a	
SE 22 19	100	RTHPLACE (STAT		76. CITIZEN OF WH		VTRY?	MARRIE	D NEV	VER MARR	IED 🗆	9. BALTIM	ORE CITY	OR COUN	ITY OF D	EATH		
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PAND AND SHOULD REFAIL		Md		P.G.	Mt	. Raini	er_	YES 🔀	NO 🗌	250	2 A11	ison	St. #	‡ 3	(207	12)	
MD. 17. 2, 17. 2, MA 3. 50 2 SF	14. FA	THER'S NAME		MIDDLE		LAST	20	15. MOTHE			M	IDDLE		t	LAST		
DRE, M DEATH. DEATH. DEATH. OF AND OF	_	Thoma		E.		olston			Ali	ce			Jones				
AFTER AFTER I FOR I SION		VAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. ARA	WED FORCES? WAR OR DATES)		0-30-1		17. INFORM		_ T	Daro	ADDRES		0 00	dna	9 9	
BALTIMORE, SA AFTER DEA' GIVE PAGES ITH FORM PI PAGES I ANI		No	200				349	Mau	II. T.C.E	, E.	(Hus)		TDOVI				
HOURS MA 18. G WI WIT RMIT. P.		18 CAUSE OF PARTIDEA	DEATH (Enter onl TH WAS CAUSED	y ane couse per line	for (o), (b), and (c).)	one o t	1			(1100)	0000		BETW	PROXIMATE EEN ONSET	AND DEATH	
ON THE TENT		410		E CAUSE (o)		ial Inf		TOIT		-				-			
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RDS, 2011 EXECUTED ING IN PR ING A BURRAL- A AND MEI WATION, O		PART 2 OTNER SIGN	IFICANT CONDITIONS	(CONTRIBUTING TO DEATH (BUT NOT RELA	LIFO TO THE TERMIN	AL DISEASE	OR CONDITION	N CIVEN IN PA	PT 1 (n)							
COR BE D VDIN SA J (TTH)	Z			1			AL GISLASE	0 1 2011011101	TO COLOR III TA	KI 1 107.							
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "PENDING" ROED TO THE CHIEF MEDICAL ES 3 SHOULD BE USED AS A BUE EDEPARTMENT OF HEATH AN IOI PRIOR TO BURIAL, CREMATI	CERTIFICATION	19a. DATE OF C	PERATION	19b. CONDIT	ION FOR	WHICH OPERA	TIONWA	S PERFOR	MED?					20 A	UTOPSY?		
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OF THE STATE OF TH	1 8	210 EXTERNAL		21b. TIME OF HOUR A.M		DAY YEAR	21c. HO	W INJURY	OCCURRE	D LENTER	NATURE OF INJ	URY IN ITEM 1	8 PART 1 OR P	ART 2)			
OR THE ON THE OWNER OF THE OWNER OWN		UNDERLYING CONTRIBUTING	OR G CAUSE OF D	DEATH P.M.		19											
IVISION OF CERTIFICATE TING THE WEBD TO THE DEP TO THE DEP ARTIMEN I PRIOR TO 8	MEDICAL	21d. INJURY OC	CURRED	21e PLACE C STREET, FACT			21f. LOC	ATION			CITY OR TOV	Whi		OUNTY		STATE	
DIN THIS C WARD WARD PAGE TATE (2	WHILE AT WORK	NOT WHILE C	3	ONT, TARM, E		,	NEE!			CITORTO	VIN		JUNIT		SIAIE	
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A STATE TO THE STATE OF THE STA	13	death resulted		ol causes .	Accident	, Suic		Homic			ermined mo		,				
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A STATE OF THE WAY		ACTUAL SIGNATURE	SAID	> A-1)AE	Emo) M.	Dep	uty	MED	ICAL EXAM	INER	DATE	ED2/3	/83		
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BP	04.5	Buri		2/7/1983	3 -	Ft.Lin	colr				entw		Pr.	Geo.	Md		
DHMH - 17	24. FU	NAME		ADDRESS	1				FEE	REC'D. BY	registra 1983	S C	IDIKAR'S	SIGNATU	uel		
(VR A15 ME (5)) 20M 4/B2		Nalley	Funeral	L Home, Mt	. Ra	inier,	Md.		1 6	, ,	1000	a	-0.	-0			

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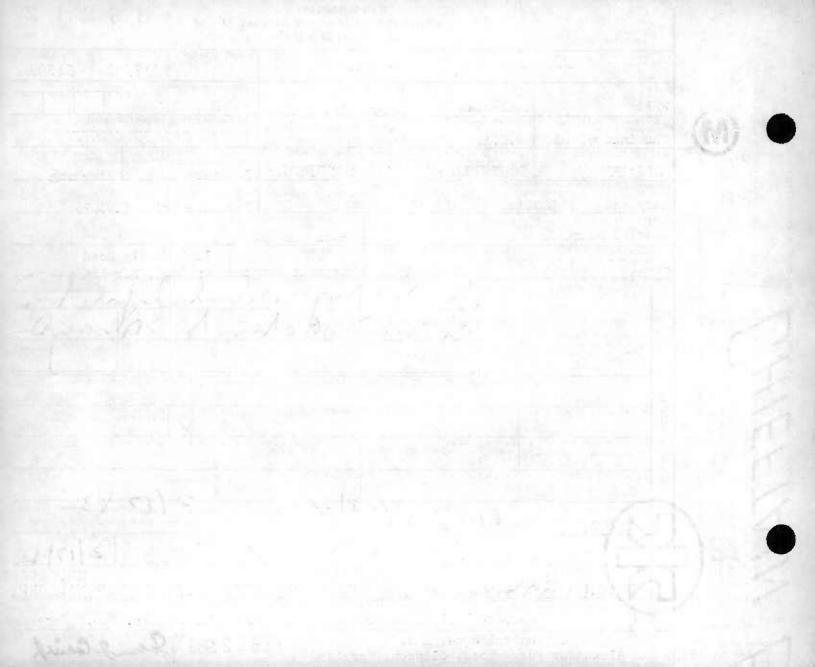




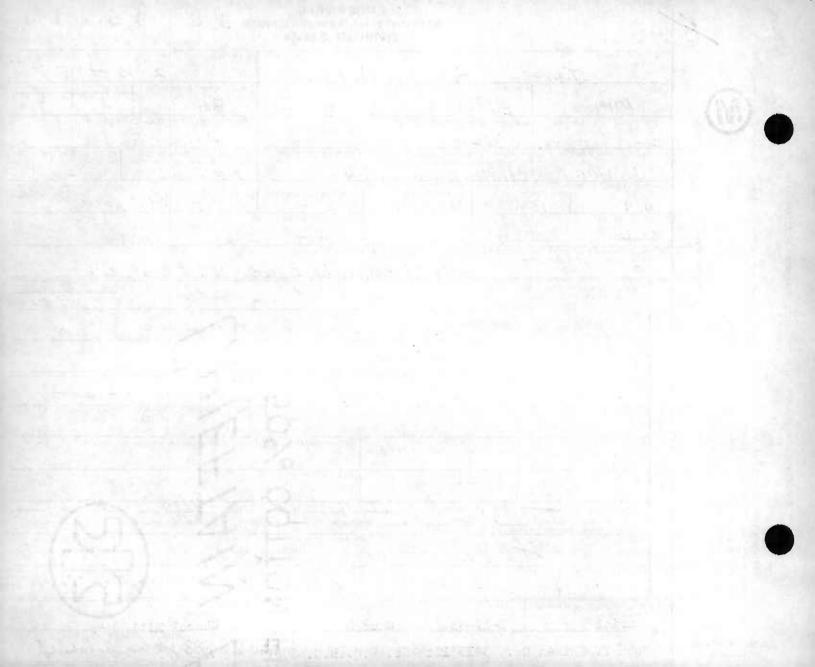
N		1.	FOR - STATE			DEPART	MENT OF H	OF MARYL EALTH AND CATE OF I	MENTAL HYG	IENE U	5 0	5 2	1 1
. "4			REGISTRAR CEASED NAME E OR PRINT) HAR	FIRST		MIDDLE	L	KER		2a. DATE OF DE		DAY YEAR	2b. HOUR
		3. SE			RACE		5. DATE O	F BIRTH	w/10	6. AGE (IN YEARS	FEBUARY	IF UNDER 1 YEAR	
is Will	1		MALE		CAU	C	SEPT	9 ^{DAY}	1925		57 YRS.		HOURS MI
4 50 8	19		IRTHPLACE (STATE OF FO			WHAT COUNTRY?	8. MARRIE	NEVER /	MARRIED -		CITY OR COUNT		
deod funes	01	10.0	NEW YOR		U.S.	HOSPITAL, NURSIN	WIDOWE		VORCED [CE GEORG		or ocrcc
o other filed will wide	28	AN.	DREWS AFB	/	MALCOL	M GROW US.	AF ME			120 USUAL OCC (TYPE OF WORK FOR FLIGHT	MOST OF WORKING	LIFE) INDUSTRY	TARY
24 hours in outside the	16		AL RESIDENCE (IF NURSIN	36. COUNT KEN		136. CITY OR TOW HARTLY	ADMISSION)	13d. INSIDE C	ITY LIMITS?	P.O. B	OX 43	199	1999
of the state of th		14. F	ATHER'S NAME	M	IDDLE	LAST		15. MOTHER	S MAIDEN NA		IDDLE	14	AST .
ompl ompl	01				De	cker		PEARI			E11 i		
n and c	3		VAS DECEASED EVER IT YES, NO OR UNKNOWN) YES	(IF YES, GIVE	ED FORCES? WAR OR DATES)	11616009		FREDA		CKER P.	O. BOX 4	43 HARTI	LY, DEL
NG PHYSKIAN: The low requires that the death or other ding physician. After this certificate has been signed by the other ding the build-transit permit. Then phease remove control hand Mental Hygiene prior to buriol, cremation, or anked or fem 18 shows ony injury, or other froundals		NOI	Conditions, if ony, gove rise to imm couse (o), stating underlying couse PART 2. OTHER SIGNI	the lost.	(b)	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO D	NCE OF	Holero	COLLIAN	× ,		IVEN IN PART 1	(0)
on. he low r on. hos bee T permit:	2	CERTIFICATION	190. DATE OF OPERATI	ON	19b. COND	ITION FOR WHICH	OPERATION	WAS PERFO	DRMED	20a AUTOPS	IN CERT	ES, WERE FIND IFYING CAUSE YES [INGS USED S OF DEATH?
ICIAN: T g physici ertificate iol-transi ntal Hyg	9		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH		DF INJURY .M. MONTH DA .M.	AY YEAR	21c. HOW IN	JURY OCCURE	ED (ENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PART 2)	
IG PHYS offending ter this cost the burnand Me had Me had on the dor t		MEDICAL	216. INJURY OCCURRE	D	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	NO	C	TY OR TOWN	COUNTY	STATE
ATTENDIN spirol or CTOR: Af for use of for use of the olth			220.1 certify that (1) (sow the deceased above, (1) (xe), di				JAN 8 83	d that in (my)	, 19_ <u>83</u> (our) opinion (to FFF	the date and ha	00	that (I) (we) I
the hor the borner of the Dep			22b. SIGNATURE	en	Esr	eh u	1			MEDICAL DIRECTOR	STAFF PHYSICIAN [22c. DATE	EB8
TO HOSPITAL retained by 11 TO FUNERAL should be det with the Stole MADORTANT:	1		226. PHYSICIÁN'S NA/ STEVEN					220 ADDRES		ROW USAF	MED CEN	AAFB,	MD 203
20 CBP2			BURIAL, CREMATION, R	EMOVAL Fe	23b. DATE bruary	0 1091		emetery or o	ational	23d. LOCATIO CITY OR T Cemeter	y Arling	gton, Vi	irginia
DHMH 16 50M 4/8 (VRA 15, 4)			uneral director NAME 1d Alexande			Home In	c.	11-1-1	FE	E REC'D. BY REG	STRAR 251- REGIS	STRAR'S SIGNA	TURE

THE OBS IN SECURI

15+1		1 - ST RE			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 5 2	1 2
	m 5	1. DECEA	SED NAME FIRST		WIDDLE		NST .	28. DATE OF DEATH MONTH		2b. HOUR
y be	poge 3		GEOR	GE	Ε.	DEGR	ASSE	2/:	17/83	5:30A M
том	offer offer	3. SEX		4. RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Poge		Male		Caucasi	Lan	Apri			RS.	
P. P.	ARV	COUN	IPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OR COL		
deot	CALL'		ington, DC	U.S.A.		WIDOWE		PRINCE GEOR		,,,,,,
21201 hours offer	1 B6	CLI	OR TOWN OF DEATH	SOUTH	CH FACILITY, GIVE STREET ERN MARY	ADDRESS)	ROTHER INSTITUTION HOSPITAL	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Plumber		of BUSINESS OR
AND 212	fulled in ould be not b		TESIDENCE (IF NURSING HOME) TE 131 COL	or other institution JNTY arles	GIVE RESIDENCE BEFOR 136. CITY OR TOWN Waldorf	E ADMISSION)	13d. INSIDE CITY LIMITS? YES NO []	130 STREET ADDRESS 126 Lake Driv		
Within	d 2 sh		ER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	LAS	
MAI P	de 0550	Char	les DeGrasse	MIDDLE	100		Rosa Mae Ke		LAS	
ORE, MJ	edica 2		DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	1201 Woo	dly Road	
IIAAC be es	Poges 2	Ye	THE RESERVE OF THE PARTY OF THE		212-16-4	832	Margaret Ham	pton Waldorf		
201 W. PR	n signed by the attending physi Then please remove carbon pop rto burial, crematian, ar remova injury, ar ather traumatic event,	g cc ur	onditions, if ony, which ove rise to immediate ouse (a), stating the inderlying couse last.	DUE TO, C	OR AS A CONSEQU	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 10	至
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir	nsit permit. I	CERTIFICATION 130	DATE OF OPERATION	19b. CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. I	F YES, WERE FINDIN ERTIFYING CAUSES YES	NGS USED OF DEATH? NO
IVISION OF VITAL	RR. After this certificate has use as the buriol-transit per Health and Mantal Hygiene is marked ar Item 18 shows	- 00	O. ACCIDENT WAS UNDERLYING R CONTRIBUTING CAUSE OF D OF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A	OF INJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	vi 18 PART 1 OR PART 2)	
IVISION IG PHYS	After this c se as the bur olth and Me marked ar h	9	M. INJURY OCCURRED WHILE NOT WHILE WORK		OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	TOR: At for use o of Health	220	sow the deceased office of obove (1) (1) (1) (1)	21	C & 19 S	3,00	d that i (my) (ur) opinion (, todeath occurred on the date and		that (I) (we) last
TO HOSPITAL OR A'	TO FUNERAL DIRECTOR: V should be detached for use with the State Dept. of Heo IMPORTANT: If Hem 21 is m		b. SIGNATURE	215	De	~~	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN		02/13
OSP ed b	the SRTA	270	d. PHYSICIAN'S NAME	OR PRINT)						D. 20601
O He	With With		DR.G.WA	AMA	Ew-			OFESSIONAL (CENTER, W	ALDORF,
BP_		Buff		February	19,1982	Resur	enetery or crematory cection Cemeto	ery Clinton,		
	6 50M 4/B2		RALDIRECTOR Lee]				250 DAT	H 2 1002	GISTRAR'S SIGNAT	URE
(VRA	15, 4) 663	3 01	d Alexander 1	Ferry Ro	ad, Clint	on, M	aryland	1 2 200	my l	mey



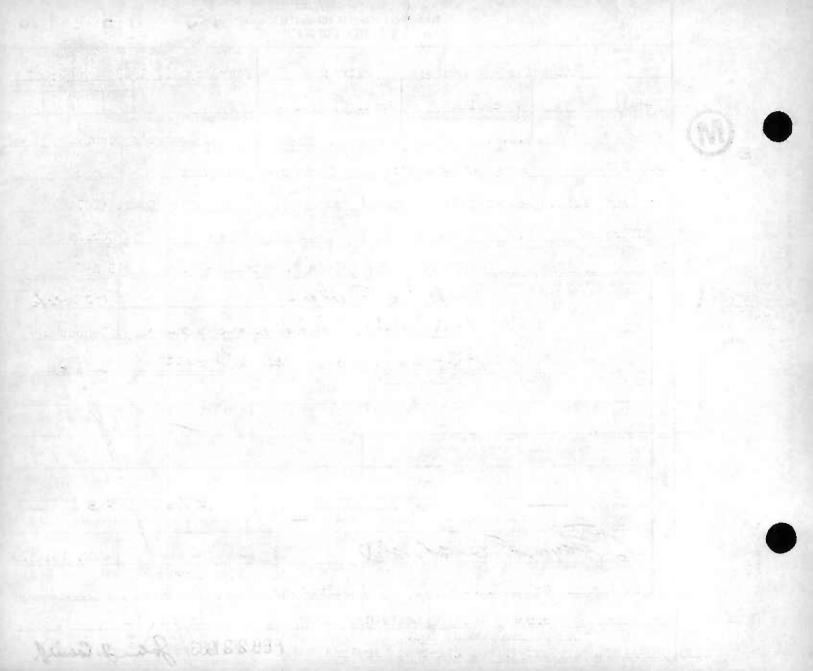
1	. /	1			STATE OF MARYLAND	F2 53	9 7 1 1 7
-		1	FOR STATE	DE	PARTMENT OF HEALTH AND MENTAL HY	GIENE 🦁 🗳	1 3 2 1 3
			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
			CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	o e o	(TYPE	OR PRINT)	0 20	Notari	2	-12-83 10:30 Pin
	9 9 9	3. SE2	Jigme	14. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	(BA)	3. 32.	mal	01. 11	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
	AIVI	7. 01	MALE	BIACK	5 7 96	86 YR	
	R6		RTHPLACE (STATE OF FOREIGN OUNTRY)	76. CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
	9 55		apel Hill Md.	USA	WIDOWED DIVORCED	PRINCE	George MD.
	by the fun filed within	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME OR OTHER INSTITUTION AS	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR
0	by the filed		ClinTOR	Clinton Con	nmuniTil Hose	Retired	None
BALTIMORE, MARYLAND 21201	pe pe in	USU/	L RESIDENCE (IF NURSING HOME C TATE 13b. COU	PROTHER INSTITUTION GIVE RESIDENCE INTY			20027
2	filled filled fould by		nd F		12/11/	136. STREET ADDRESS	EDETPOSOLL
T.A.	shin needy		THER'S NAME	0. 10/1/1/	15. MOTHER'S MAIDEN NA		OPI ICE.
AR	completely s 1 and 2 sha	Wi	lliam De	laney	ST FIRST	WIDDLE	LAST
m,	of o				Mary	Ha	wkins
08	Poges medical		/AS DECEASED EVER IN U.S. A es, no or unknown) (if yes, g NO	IVE WAR OR DATES)	L SECURITY NO. 17. INFORMANT	ADDRESS	
M.	S. Po		No	519	071401 Wiolin BROW	KS 12510010	FORTRO
SAL	5 5 5 5		18. CAUSE OF DEATH (Enter o	nly ane cause per line far (o),	(b), and (c)	- 1 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	= 4665		PART 1. DEATH WAS CAUS	TE CAUSE (a)	to myo conside a	ufaces on	Gusten
Z			4100	, ,	ACCOUNTS OF	/	
STO	e attendin nove corb lation, or r troumatic		Canditians, if any, which	DUE TO, OR AS, A CON	eria selevatica 1. en	art disease	- years
2	motion rate		gave rise to immediate	(6)	700		1
W. PRESTON ST.,	by the		couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	ISEOUENCE OF		
201	the beed by please the price of			(c)			
38, 3	signi Then f to bu njury,	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO THE TER	43	1 7 2
DIVISION OF VITAL RECORDS,	- o - o	은	Huoren	a cure	Beendursa	pulmonary	Eroso
EC	s bee	IFICATI	190 DATE OF OPERATION	196. CONDITION FOR I	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
AL.	kN: The for hysicion. icate has ransit per Hygiene 118 shows	RTIF				YES NO	YES NO
<u> </u>	Z & S O O T &	CERTI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR 21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
O	SICIA ng ph certifi uriol-tr tentol	AL	OR CONTRIBUTING CAUSE OF DE		19		
O	¥ 50 ≥ 0 × 1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
ISI		A	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
ā	DING P or otter After the easthe olth and morked		220.1 certify that (1) (this loss		2/17 10 83	3 2/19-	10 (53)
			sow the deceased olive or	0110	0.3	deoth accurred on the date and	, 19 , that (I) (we) lost
	ATT OSPI		above, (1) (we) (did) (did n	ot) view the body after death.		deom accorred on the dote ond	
	OR ATTEN ne hospital DIRECTOR oched for u Dept. of He If them 21 is		22b. SIGNATURE	11.	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
	SPITAL d by th NERAL be deto e Stote TANT: If			1. Roban	, Cup ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/12/83
	HOSPITAL ned by the FUNERAL bld be determine State ORTANT:	5	224 PHYSICIAN'S NAME TOPE		22e. ADDRESS		140 000
	T - 0 + 0		H. K	. LEE, 14	1.0 Clinton	Comm. Hosp	well Clanton 140
	Office of State of St	23o. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
	BP	- (SPECIFY)			CITY OR TOWN	COUNTY
	Dr	24 EI	Burial NERAL DIRECTOR	2-17-83	Church	Chapel Hill JE REC'D. BY REGISTRAR 26 REC	1 Md
D	HMH - 16 50M 4/B2			Co 2015 160	DRESS	· R 9 9 1092 1367	STRAR'S SIGNATURE
	(VRA 15, 4)		Join I. Knines	00., 3015 121	th St. N.E., D.C. 2001	70 21 21 1300	and country



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		FOR STATE		AAI			H AND MENTAL H	EDEATH	0 5	2 1	2		
		REGISTRAR CEASED NA	AE FIRST	7411	MIDDLE	IAEK 3	LAST	20. DATE KNOW	G. NO.				
TOR: URS URS	(TYF	E OR PRINT)	OTIS			De	eVESE	OF ESTI- DEATH MATE	_ 2	28 1983			
40308	3. SE)	(4. RACE	5. DATE OF BIRTH		HDAY) MONT		MIN. PRONOUNCED	MONTH 2	28 ₁₉ 83			
E STA		Male RTHPLACE	Negro	10 1	1919 63	YRS.		9. BALTIMORE C			17		
47	SOI	REIGN COUNTRY	arolina	USA		MARR WIDOV	NED NEVER MARRI	ED 📙	33	IT OF DEATH	ME		
\$00	1D. C	itlan	OF DEATH	11 NAME OF HO	OSPITAL, NURSING HO FACILITY, GIVE STREET ADDRES Litland Rd.	ME OR OTH	HER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE	(TYPE OF WORK	12b. KIND OF 8 OR INDUS	BUSINESS		
35	USUA 13a. S	AL RESIDENC	E (IF IN NURSING HOME (OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMI	ISSION)	13d. INSIDE CITY LIMITS?	Retired 13e. STREET ADDRESS 3934 Suit1	and Ro	20746 pad Ap	t_204		
C		THER'S NAA	AE .	WIDDLE)eVese		15. MOTHER'S MAIDE FIRST Julia			LAST			
4	16a. V	VAS DECEAS	ED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUI	RITY NO.		.e Mae De∜e	DeVe	ese 50 207	C		
1	(4	ES, NO, OR UNKI Yes	(IF YES, GIVE	WAR OR DATES)	249 24 9	9534		.e Mae Deve					
		PARTIE 4	DEATH WAS CAUSE	D BY: TE CAUSE (a) DUE TO, C	ne for (o), (b), ond (c).) Arteri OR AS A CONSEQUENCE		rotic cardi	ovascular di	sease	APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH		
		gave couse (lying co	rise to immediate o) stating the <u>under</u> ouse lost.	(b)	DR AS A CONSEQUENC								
AL, CREMATION, OR REMOVAL	N N		abetes me		IH BUT NOT RELATED TO THE T	ERMINAL DISEA	SE DR CONDITION GIVEN IN PAI	RT 1 (a),					
,	CERTIFICATION	190 DATE C	OF OPERATION	196. CONE	DITION FOR WHICH OF	PERATION V	VAS PERFORMED?		*	20. AUTOPS			
3	CAL CERT		NAL CAUSE WAS		OF INJURY .M. MONTH DAY YE	EAR 21c. H	IOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PA		110 424		
	MEDICAL		OCCURRED NOT WHILE [AT WORK		E OF INJURY (AT HOME, ACTORY, FARM, ETC.)		OCATION STREET	CITY OR TOWN	cc	DUNTY	STATE		
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEA BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, C	_		Natural Natura Natur	ral couses X.	Accident ,	Suicide _	Homicide TITLE (SPECIFY) A.D. Deputy	Inquiry No	ond in my o DATE SIGN	2/28/			
l BAI	-	Buria UNERAL DIR	TION REMOVAL	March 5	MA NAME OF	E. H. W.	Memorial	23d. LOCATION CITYOR TOWN Park Land REC'D. BY REGISTRAR 25b.	o.ver	Maryla	STATE		
- 17		ëwart	funera	Home	4001 Benr	ing	Rd., N.E.	0 0 4000	0.		. /		

1.39 (1.5) (1.5) (1.5) (1.5) (1.5) 2 for-out -o class of the still a D.C. . Can Mi . doff. C. M. . docade CE 1201 Manufactured that were the following the rest of SERRAL Manufactures. and the second of the second of the second



10 B	1-	FOR STATE REGISTRAR			DEPARTMENT OF I	HEALTH		-	S Ü	5	2 1	1
A SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	(TYF	CEASED NAME E OR PRINT)	Mar	1	L.	4	Dodd	DE.	ATE KNOWN C OF ESTI- ATH MATED C	2 5	19	26. HOUR 3 A M
2020	3. SE	=	W	DATE OF BIRTH MONTH DAY	YEAR LAST BIRTHD	MONT	DER TYR. IF UNDER	MIN PRON	OUNCED DEAD	MONTH 2	19 YE # 3	3 A M
	PO FO	RTHPLACE (STATE OR REIGH COUNTRY) Virginia	7	U.S		B. MARR	IED NEVER MARR	IED 📙	rince Geo			MD.
MD. 21201 H. IF ANY DELAY IS N. 2. AND 3 TO THE FU. 3. RETAIN PAGE 2. SHOULD BE FILED. TAL RECORDS, 201 W.	R	ty or town of DE iverdale		Leland 1	PITAL, NURSING HOME CHITY, GIVE STREET ADDRESS) Memorial Ho	spit		12a USUAL O	CUPATION (TYPE WORKING LIFE)	OF WORK 12b	OR INDUSTR	SINESS Y
21201 E ANY D AND 3 RETAIN HOULD	13a S	AL RESIDENCE (IF IN NI TATE Tyland	13b. COUNTY P.G.		VE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Hyattsvil	,	134. INSIDE CITY LEMITS? YES X NO	13e STREET AT 4211	Kennedy	St.	2078	1
T., BALTIMORE, MD. 2 URS AFTER DEATH. IF 18. GIVE PAGES 1, 2, 4 IVIT. PAGES 1 AND 2 SH III. PAGES 1 AND 2 SH I	14. F/	THER'S NAME	_	MIDDLE	LAST		15. MOTHER'S MAID		MIDDLE		LAST	
MORE STAN NORM	16a. V	Benjamin VAS DECEASED EVER ES, NO, OR UNKNOWN)	IN U.S. ARME		Rowe	NO.	Mary 17. INFORMANT		B. ADDRESS		ringer	
SALTII S AFTE GIVE I TH FC PAGE VISIO	- ('	No.	(IF YES, GIVE WA		579-44-540	00	Harry H.	Dodd 91	31 Alcon	a St.	Lanham	
ITAL RECORDS, 201 W. PRESTON ST., HOULD BE EXECUTED WITHIN 24 HOUJ RD. PERNCIL IN TEM 18. HIEF MEDICAL EXAMINER ALONG W LAIEF MEDICAL EXAMINER ALONG W LOSED SA BURAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL.	NO	Conditions, if gave rise to couse (a) statinglying cause last	immediate g the <u>under</u> -	(c)	AS A CONSEQUENCE O		E OR CONDITION GIVEN IN PA	Rent RT 1 a	Disci	ne		
VITAL RESIDENCE SHOULD OND "PER CHIEF MASE USED A STITOF HEAD A SURIAL, C	CERTIFICATION	190. DATE OF OPER	ATION	196 CONDI	TION FOR WHICH OPER	ATION W	'AS PERFORMED?				20 AUTOPSY?	NO X
DIVISION OF VITAL R: THIS CERTIFICATE SHOU TE. WRITING THE WORD NRWARDED TO THE CHIEF SHAGE SHOULD BE USE E STATE DEPARTMENT OF P. D, 21201 PRIOR TO BURIAL		210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR CAUSE OF DE	ATH P.M	MONTH DAY YEAR		OW INJURY OCCURRE	D TENTER NATURE	OF INJURY IN ITEM 18 F	PART I OR PART 2		
244¥	MEDICAL		WHILE D		OF INJURY (AT HOME, FORY, FARM, ETC.)		CATION	CITY	OR TOWN	COUNT	Y	STATE
TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PAGE DEATH, WITH THE STAMBALTMORE, MARYLAND, 215		ACTUAL SIGNATURE	Notural	couses D	ARRM	Autop	TITLE (SPECIFY)	Undetermine	d manner	DATE SIGNED	2-5-	83
TO M PAGE TO PL BALL	23a.B	(TYPE OR PRINT) URIAL, CREMATION, I	DI. OF	DATE DATE	IZZE, NAME OF CEA	AETERY C		Annapo L	is Rd. E			
BP		Burial UNERAL DIRECTOR	Fe	ъ/8/83	Cedar H	111		Suitl	and, P.G	COUNTY	Maryl	
DHMH - 17 (VR A15 ME (5)) 20M 4/B2	C.C.	ambers Fun	eral Ho	ome Rive	erdale, Mar	yland	ELL	REC'D. BY REGIS	//	2-C	aniel	

Marine County County County County County County Tome Heart and Alexandry H. Dodd Man Alexand Committee of the commit Market Color St. E. Charles and the colored Little State Colored Little State Colored Colored

STATE OF MARYLAND

FOR

(VRA 15, 4)

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			REGISTRAR CEASED NAME	Last .		1175t		EKTIFICATE	P DEATH	REG. N		DAY YEAR	ar HOUD
W ~i	. S. L.		E OR PRINT	Dougla	23 F	Manc 15	1.	ERS V	20. DA O DE A		2 - 11	277	26 HOUR
LEAS	URS EET,	3. SE)	4. RAC		ATE OF BIRTH	6. AGE (IN		DER 1 YR. HE UNDER		ATE	4	19 JAY YEAR	20-HOUR)
RY, P	(20)	M	the 13	wek "	MAY - G-	43 39	YRS.	IST BAVS ROURS		DUNCED EAD	2-11	1883	AM
PAL	TAN	20 BI	RTHPLACE (STATE OR REIGN COUNTRY)	7b.	CITIZEN OF WH	AT COUNTRY?	8. MARR	ED LINEVER MARR	IED 9. BAL	TIMORE CITY	OR COUNTY	OF DEATH	
PUNECE	2 × ×) M	aryland		U.S.A.		WIDOW	ED DIVORC	ED 🗆		George		MD.
I'N IS	3. RETAIN PAGE : SHOULD BE FILED, AL RECORDS, 201 V	10. CI	TY OR TOWN OF DE	ATH II.	NAME OF HOSE	PITAL, NURSING HOL		ER INSTITUTION		CUPATION (TY WORKING LIFE)	PE OF WORK 176	or industr ard of iucatio	SINESS
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D. 2	2 SHC		THER'S NAME	Prince	George'	b Forestv	IIIe_	15. MOTHER'S MAID		alters	Lane #1		
DRE, M DEATH GES 1,	£9\$/()		Robert	MIC	DOLE	Dougla	S	France		MIDDLE	Washir	LAST DOT ON	
MON ER DI	FORM SES 1 AI ON OF	16a. V	AS DECEASED EVER	IN U.S. ARMED		166. SOCIAL SECUR		17. INFORMANT	44.7	ADDRES	S	18 0011	
BALTIMORE, MD. SAFTER DEATH. IF GIVE PAGES 1, 2,	WITH FOR		NO OR UNKNOWN)	(TES, ONE WAR	JA DATES	216-40-5	215	Agnes Dou	iglas	3245 W	alters	MD 20	17
	AIT. F		18 CAUSE OF DEAT PART I DEATH W	TH (Enter only on	e cousii per lijie	or (a), (b), and (c).)	0. 7	0 /	à Van	2.01	0.00	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
ON S	ALONG V IT PERMIT YGIENE, I IOVAL.		4292	IMMEDIATE CA			nek	e cerai	r com	enery 6	MINIA		
600	NSIT HY EMO		Conditions, if	ony, which	DUE TO, OR	AS A COMSEQUENC	E OF				200		
× × ×	AMINER L-TRANS KENTAL I	0.0	gave rise to couse (a) stating		(b)	AS A CONSEQUENC	F OF						
ZOTED N	EXA HAL-		lying couse last.		(c)						- P. T.		
RECORDS, 201 W. LD BE EXECUTED W PENDING" IN PEN	DED TO THE CHIEF MEDICAL EXAMINER ALONG W 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I PRIOR TO BURIAL, CREMATION, OR REMOVAL.	_	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTR		UT NOT RELATED TO THE TE	RMINAL OISEAS	OR CONDITION GIVEN IN PA	IRT 1 (a).	F 177 177			
RECO LD BE PEND	MED AS./ CRE	CERTIFICATION	190. DATE OF OPERA	ATION	TIAL CONDIT	ION FOR WHICH OP	ED ATIONI VA	AS DEDECORATED 2					
TAL TOUL	USEC OF H RIAL	FICA	THE DATE OF OFER	ATION	178 CONDIT	ON FOR WHICH OF	ERATION W	AS PERFORMED!				MES -	
WIT SE	MENT OF BUILDING	ERT	210. EXTERNAL CAU		21b. TIME OF		21c. Hc	OW INJURY OCCURRE	D (ENTER NATURE C	IF INJURY IN ITEM 1	PART I OR PART 2)	YES 🗌	NO [4
	SATA SOLITION		UNDERLYING CONTRIBUTING	OR CAUSE OF DEAT		MONTH DAY YE	AR						
VISIG	3SH DEPA PRICE	MEDICAL	214 INTURY OCCUR	RED	21e PLACE C			CATION	CITY O	RTOWN	COUNTY		STATE
Ĩ≥	AAG ATE	>	WHILE NOT AT W	WHILE	J. 1861	SKI, FARM, ETC.)		***************************************	CHT O	N IOWN	COUNTY		SIATE
ER: T ATE,	ORWA PR: PA(HE STA) VD, 212		March Contract		the remains desc	ribed obove, held an	Autop	sy . Inspectio	in . Ingi	ury . o	nd in my opinic	on	1 3 75
MIN	YATTE		, death resulted frog	7 Natural co	ouses .	Accident,	Suicide 🔲	, Homicide .	Undetermine	monner .			
EXAM	WAR WAR		ACTUAL /	unch	XX	belle		INLE (SPECIFY)			DATE	7-11	-80
SH SH	SE ENTE		SIGNATURE	1	1. 100	18	M	2 solvered	MEDICAL E	CAMINER	SIGNED_	A. /	27
WED CUTE	A SON T	-	EXAMINER'S NAME	Augusto	P. Rod	iguez. M	.D.	ADDRES 5009 R	avburn (t. Cam	Sprin	es. Md	20748
TO ME	PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23e.B	IDIAL CREMATION F			23c. NAME OF C			Task LOCATIO	NI.	COUNTY		ATE
BP_		(:	Burial	2/	19/83	Resurr	ection	Cemetery	Clint		ce Geor	rapte	MD
	MH - 17	24 F		OLLINS	FUNERA	L HOME,		250. DATE		TRAR 25b. REC	ISTRAR'S SIGN	NATURE	. 1
(VR A	115 ME (5))			4339	HUNT P	ACE N. E.		F	B 1 8 19	8.	und	- lance	1

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

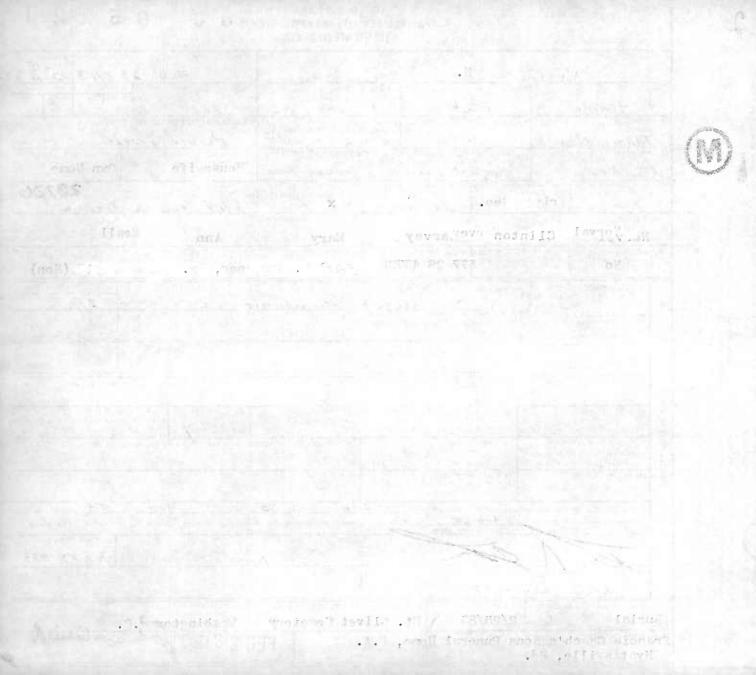
1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	Ю.		
	CEASED NAME FIRST	-	MIDDLE		LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	Nesli	-8-	H•	1	rose for	7	26. 23	1983	5 A
3 SE	X	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS
	Female	wi	rute	MONT	DAY YEAR 25 02	81	YRS	DAYS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER WARRIED []	9. BALTIMORE CITY	OR COUNTY C	OF DEATH	
	Maryland	2	1.5.A.	WIDOWE	D NEVER MARRIED DIVORCED	Prince	gene	ac	M
10. C	ITY OR TOWN OF DEATH	11. NAME OF H		G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OF
1	anham	- 0.4	olia gara		Heersing Horse	Housewife	Pr WORKING LIFE)	Own	ome
130.	10.01	OTHER INSTITUTION, ITY Ce Geo.	13c. CITY OR TOWN		13d INSIDE CITY LIMITS?	130 STREET ADDRESS 6708 Ven	10134	Drin	20706
14. F.		nton	Harvey		15. MOTHER'S MAIDEN NAME FIRST Mary	ME MIDDLE Ann	Be	all LAS	ī
160 1	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUR		17 INFORMANT	ADDR	ESS		1 - 2 - 12
-	YES NO ON KNOWN) (IF YES GIV	E WAR OR DATES)	77 28 437	72D	Earl L. Dres	scher, Sr.	Same a	as #13	(Son)
	18 CAUSE OF DEATH (Enter on	ly one couse per	line for (a), (b), and	1 (c).)				APPROXI. BETWEEN	MATE INTERVAL
	PART I. DEATH WAS CAUSE	E CAUSE (a)	General.	i zed	artioseleros			24	
	4409		R AS A CONSEQUE	0					
	Conditions, if any, which	(b)_	7,0 7, 607,020 02.						
	gave rise to immediate couse (a), stating the	DUE TO OF	R AS A CONSEQUEN	NCE OF					
-	underlying cause last.	(c)					BACK		
7	PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
CERTIFICATION		Ton control							-11-10
FICA	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH C	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN NG CAUSES	
ERTI	21a. ACCIDENT WAS UNDERLYING	21b. TIME O	C IN LIFEDY		Tal. How hiveny occupa	YES NO	YES	based .	NO 🗆
	OR CONTRIBUTING CAUSE OF DEA			Y YEAR	21c. HOW INJURY OCCURR	(ED (ENTER NATURE OF IN)U	RY IN ITEM 18, PAR	T I OR PART 2}	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER			19	AW AGGATION				
MEC	21d. INJURY OCCURRED	21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	RM ETC)	21f. LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
	AT WORK AT WORK				75		7-6	cro 9	
	22a.1 certify that (1) (this haspit saw the deceased alive on	V 1		-72	nd that in (my) (aur) apinian a		7eb , 19		that (I) (we) las
	abave, (1) (we) (did) (did so			2_	DEGREE	seom occurred on me d	ole ond havr c		
	1/1	1				MEDICAL STA	FF _	22c DATE	
1	274 PHYSICIAN'S NAME (1910)	2			PHYSICIAN 1	DIRECTOR PHYSIC	IAN []	700.	3,1983
	hear Le	vitsky	E 19.82		116 ADDRESS				
23n	BURIAL, CREMATION, REMOVAL	123h. DATE	72. NI	AME OF C	EMETERY OR CREMATORY	173d LOCATION			
B	(SPECITY)	2/25/8			vet Cemetery	Washingt	om D c	COUNTY	STATE
		20, 200	110	* OTT	vee cemetery	nasmingt	0/1/0	0	· A.

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Md.

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2/28/83

George . Kits Funnal Home Oxon Hill .d.

St. Wary's Catholic Can.

westn on, P. C.

DIVISION OF VITAL

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STATE OF MARYLAND



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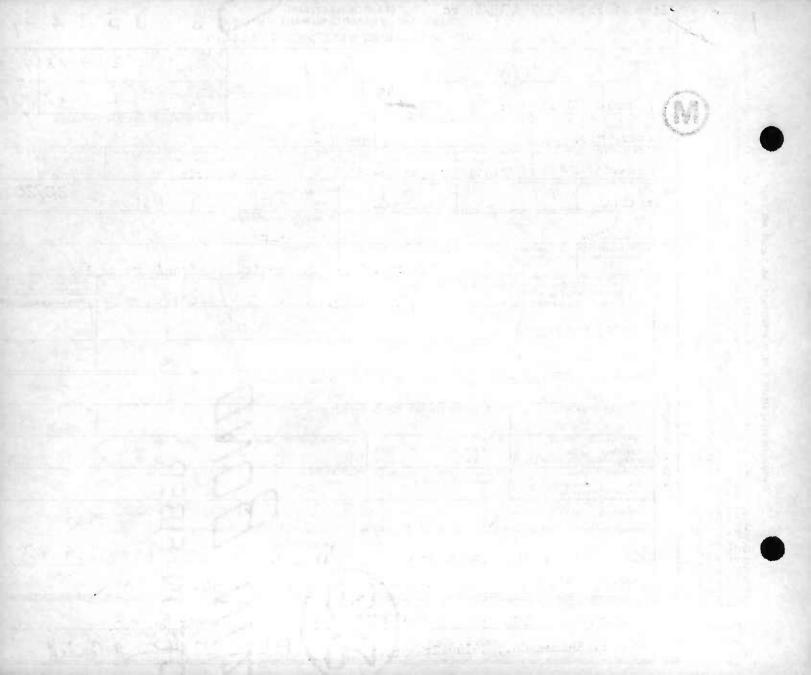
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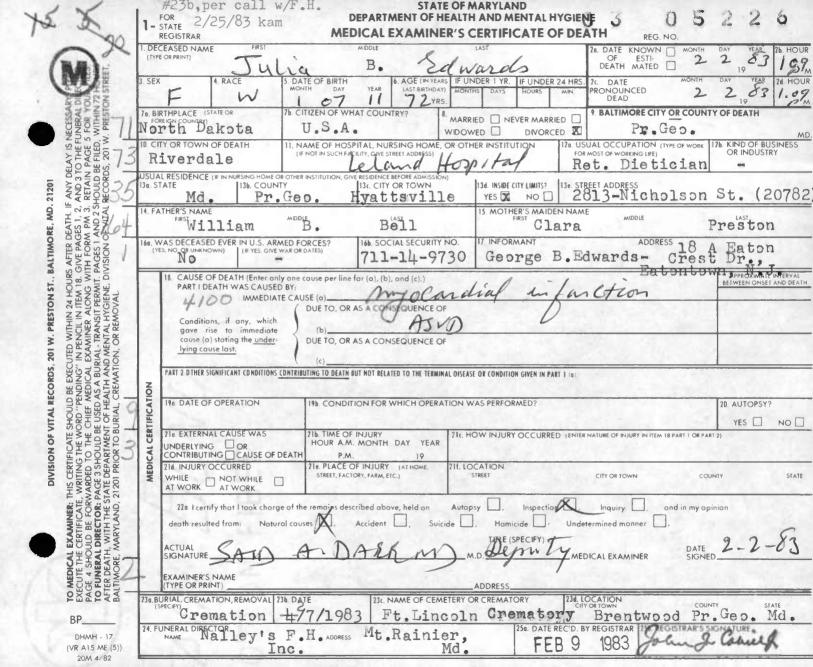
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	1.	STATE REGISTRAR		1	DEF		ICATE OF	DEATH		, NO.			
m c		CEASED NAME	PIRST		MIDDLE		AST		20. DATE OF DEAT	H MONTH	DAY	YEAR 2	b. HOUR P
deort	D		EVE		М.		DUGGA	.N		2	15	83	5:15 M
director, page 3	U	emale		4. RACE	•	5. DATE O		14	6. AGE (INYEARS LAS	YR		DAYS P	FUNDER 24 HRS
DOI 1	7s. B	IRTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8.	D NEVER	R MARRIED -	9. BALTIMORE CIT	Y OR COUN	ITY OF DE	ATH	
fied of one	Wa	shington,	D.C.	USA		WIDOWI	_	DIVORCED T	Prince	Georg	ges (coun	ty MD.
187 P	10. C	Clinton	ATH	(IF NOT IN SU	CH FACILITY, GIVE S	JRSING HOME (STREET ADDRESS) arvlan			120. USUAL OCCUP (TYPE OF WORK FOR MC Retired	ATION OST OF WORKING Secret	GLIFE) IND	KIND OF I	Business or Gov t.
38	Visu Ma	AL RESIDENCE (IF NUR STATE TYLAND	131 COU	ROTHER INSTITUTION	13c CITY OR	BEFORE ADMISSION		CITY LIMITS?	3075 Bri		Rd. 2	20748	
o Somine	14. F.	Anthony		MIDDLE	Care	ınfa	15. MOTHER	R'S MAIDEN NA	* th			Maff	ei
medicol		WAS DECEASED EVER YES, NO OR UNKNOWN)		RMED FORCES? VE WAR OR DATES)	165 SOCIAL	SECURITY NO. 1-3539	Diane		esta 3043	Brinkl		l. Te	
-		18. CAUSE OF DEAT	TH (Enter of), and (c).)		-1				APPROXIMA	SET AND DEATH
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otic		4280)	DUE TO, C	R AS A CONS	EQUENCE OF							
tion, muo		Conditions, if ony		(b)_		4.70							
er tr		gave rise to im		DUE TO C	R AS A CONS	FQUENCE OF							
or other		underlying caus	e last.	(c)									
any injury, or	S S	PART 2. OTHER SIG	A .		ONTRIBUTING		NOT RELATE	ED TO THE TERM	AINAL DISEASE OR C	ONDITION	GIVEN IN P	ART lia	
Zuo smo	CERTIFICATION	190 DATE OF OPERA				HICH OPERATIO	N WAS PERF	FORMED	200 AUTOPSY?	IN CER	YES, WERE	AUSES O	
Item 18 sho	GER!	210. ACCIDENT WAS UN	DERLYING	216. TIME (N. 1	21c. HOW	INJURY OCCUR	RED (ENTER NATURE OF				
E 7	_	OR CONTRIBUTING		AIR	.M. MONTH	DAY YEAR							
or N	MEDICAL	21d. INJURY OCCUP		21e. PLACE	OF INJURY		211. LOCAT	TION				YINU	STATE
is marked or Item	E	WHILE NOT W	HILE	(AT HOME, S	REET, FACTORY, OF	FICE, FARM, ETC.)	STRE	EE1	CITY	OR TOWN	200	INIT	STATE
E .		22s. I certify that (1		ital) attended t	ne deceosed fr	om	113	19 83		5	19	3, thi	at (1) Two last
21 is		sow the deceo	sed alive or	211	5	0.0	nd that in (m	y) (ood apinion	death occurred on th	e dote and l	hour and fr	om the ca	uses stated
If Hem 21		17h SIGNATURE	(aia) (aid-a i	view the bad	arrer geoth.		DEGREE			- 110	220	c. DATE SI	GNED
#	1	Mu			-	m	no	ATTENDING	MEDICAL DIRECTOR PH	TAFF	12	2/15	-183
Z	1	22d. PHYSICIAN'S N	AME (TYPE	OR PRINT)	75		22e. ADDRI	ESS	DIRECTOR PH	SICIAIN [1-		1,0
IMPORTANT: #		DR. P.							HILL RD.	, OXON	HIL	L, M	ID 2074
, 5	230.	BURIAL, CREMATION (SPECIFY) Urial	, REMOVAL			23c. NAME OF C			23d. LOCATION CITY OF TOW		COUNT		STATE
_		and the second second	11-35-1	2/18/	03	Ft. Lin	celn C	emetery	Brent		P.		Md.
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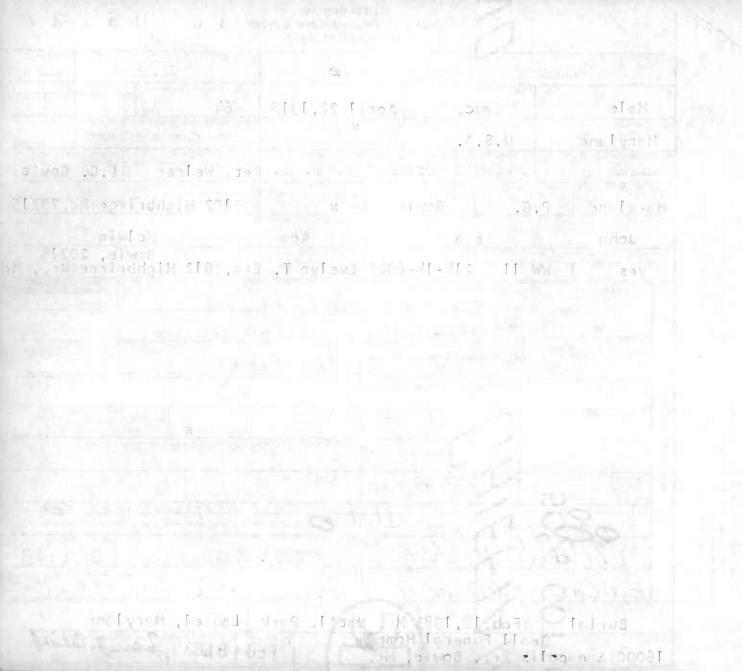
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de	1-	STATE REGISTRAR	*	ME	DICAL EXAMIN			0	REG. NO.	- 6	e Gure	- 1
T		EASED NAME	FIRST		WIDDLE	4	LAST	2a. DATE OF	KNOWN D	MONTH DA	7 83	26 HOUR
# 10 L				othy	Ann	D	unk	DEATH	MATED [19	A-M
	SEX	Pemale 1. RAC	Slack	5. DATE OF BIRTH MONTH DAY Dec 3	YEAR LAST BHEFT		DER 1 YR. IF UNDER	24 HRS. 2c. DATE PRONOUN DEAD	CED	2 d	3 83	2d HOUR
M		THPLACE (STATE OR	STACK	Dec 3		8	ED NEVER MARR	9 BALTIM	ORE CITY OR	COUNTYO	FDEATH	N. C.
7	D	over, N.C		USA		WIDOW			P.G.			MD.
4	D. CI	Y OR TOWN OF DE	. 1	11. NAME OF HO (IF NOT IN SUCH F	SPITAL, NURSING HOME ACILITY, GIVE STREET ADDRESS)	, OR OTH	ER INSTITUTION	FOR MOST OF WOR		WORK 12b.	KIND OF BUI OR INDUSTR	SINESS
T	ISUA	RESIDENCE WEINN		Prince	Georges Hos	pita	1	Domesti	2		None	
	3a. S1		13b. COUNT		Brentwood		13d INSIDE CITY LIMITS? YES NO	3403	ss 41st	, ave	20	722
i	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	EN NAME	IDDLE		LAST	
1		Unknown					Mar		Lee	Du	ınk	- 16
1	(YE	'AS DECEASED EVER	(IF YES, GIVE W	VAR OR DATES)	166. SOCIAL SECURIT		17 INFORMANT		ADDRESS			
F		NO 18. CAUSE OF DEAT	H /Fatar and		239-58-(e for (o), (b), and (c).)	0034_	Mr. Kenn	ith Dunk/s	son/sam		3e	INTERVAL
1	ď.	PART I DEATH W	AS CAUSED	BY: E CAUSE (a)	e for (o), (b), and (c).)	100	androl	dia land	tion	В	ETWEEN ONSET	AND DEATH
		4100	IMMEDIATI		R AS A CONSEQUENCE	0	LA LA V V V V	X			100	
I PRIOR IO BURIAL, CREMATION, OR REMOVAL.		Canditians, if gove rise to		(b)								
		cause (a) stating	the under-	DUE TO, OI	R AS A CONSEQUENCE	OF						
		PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBITING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DICEAC	OR CONDITION CIVEN IN PA	97 1 (a)	-			
	NO	THAT I WILL SIGHT FOR	_	ONTRIOUTING TO BEAT	TO NOT RECATED TO THE TERM	INAL UISEASI	OK CONDITION SIVEN IN TA	KI I (0).				
1	CATI	19a. DATE OF OPERA	ATION	196 COND	ITION FOR WHICH OPER	ATION W	AS PERFORMED?			20	AUTOPSY?	
1	RTIF	AL EVERTILE	SE MAS	100	NE AND MARK	1.:					YES 🗌	NO 🗆
	MEDICAL CERTIFICATION	UNDERLYING	OR		M. MONTH DAY YEAR		OW INJURY OCCURRE	D (ENTER NATURE OF IN)	URY IN ITEM 18 PAR	T I OR PART 2)		
	DIC	CONTRIBUTING 21d. INJURY OCCUR		21e PLACE	OF INJURY (AT HOME,		CATION					
	ME		WHILE	STREET, FAC	CTORY, FARM, ETC.)	S	TREET	CITY OR TO	WN	COUNTY		STATE
		22a. I certify that	I took charge	of the removas de	escribed obove, held an	Autop	sy , Inspectio	n 💢, Inquiry	, ond	n my apinian	40,000	2011-
		death resulted from	n: Noture	ol causes X,	Accident , Su	icide 🔲	, Homicide .	Undetermined mo	nner,		150	
		ACTUAL (VID	A to	56 m		TITLE (SPECIFY)	1		DATE 7	9-0	82
7		SIGNATURE	7113	D. DA		, M	Diegon	MEDICAL EXAM	INER	SIGNED		
har	28	EXAMINER'S NAME (TYPE OR PRINT)	563	r a	nnapol	s P	ADDRESS BLA	deshr	H	m		
2	230.BU	RIAL, CREMATION, F			23c. NAME OF CE		R CREMATORY	23d. LOCATION CITY OR TOWN	0	COUNTY	ST/	ATE
-	24 FL	Burial		2-15-83	Sand H		25a. DATE	Lenoi REC'D. BY REGISTRA		C RAR'S SIGNA	ATURE	
		John T. F	Rhines	Co., 30	15 12th St.,	N.E.	D. C. SEEB	2 2 1983	John	2 Ca	will	
E	-						DeVELZUUL,		/	<u> </u>	7/	





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JOH!	1-	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 3 3	0 5 2	2 7
deoth of		CEASED NAME FIRST WALTER	STEWART	ERB 🕖	FEBRUARY 15		25. HOUR 9:13 p _M
35	3. SE		4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD		
to co		Male	Cauc.	April 22,1918	64	YRS.	
nerol di		RTHPLACE (STATE OR FOREIGN OUNTRY)	75. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince Georg		y MD.
tim parties of the second		ty or town of death anham		ag Home or other institution all of Pr. Geo. Co.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) 125. KIND INDUSTRY	GOV't.
ould be f	13a. S	TATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW	N 13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 7 102 High		
l and 2 st	14. FA	THER'S NAME FIRST John	MIDDLE Erb LAST	15. MOTHER'S MAIDEN NA	MIDDLE	Helwig	AST
Poges 1		VAS DECEASED EVER IN U.S. AF	WARD PATES) 166. SOCIAL SECTION 2 14 - 14 -	6083 Evelyn T.	Erb.7012 H	Bowie, 2	20715 e Rd. M
os been signed by the atten sernit. Then please remove a ne prior to burial, cremotion, vs ony injury, or other trauma	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION		static lurif	20a AUTOPSY? 2	0b. IF YES, WERE FIND N CERTIFYING CAUSE	DINGS USED
Mental Hygier Stransit provided Hygier Stranger		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	YES NO RED (ENTER NATURE OF INJURY II	YES	NO 🗍
rked or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	19 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
for use o of Health		now the decessed give or	ital) attended the deceased from	3, and that ir my our) opinion	death accurred on the date	and hour and from th	, thouwe) lost ne couses stated
AL DIRECTORY OF THE DESTRUCTION OF THE DESTRUCTION OF THE PRESENT		n. Elle	meder	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	- 01	16/83
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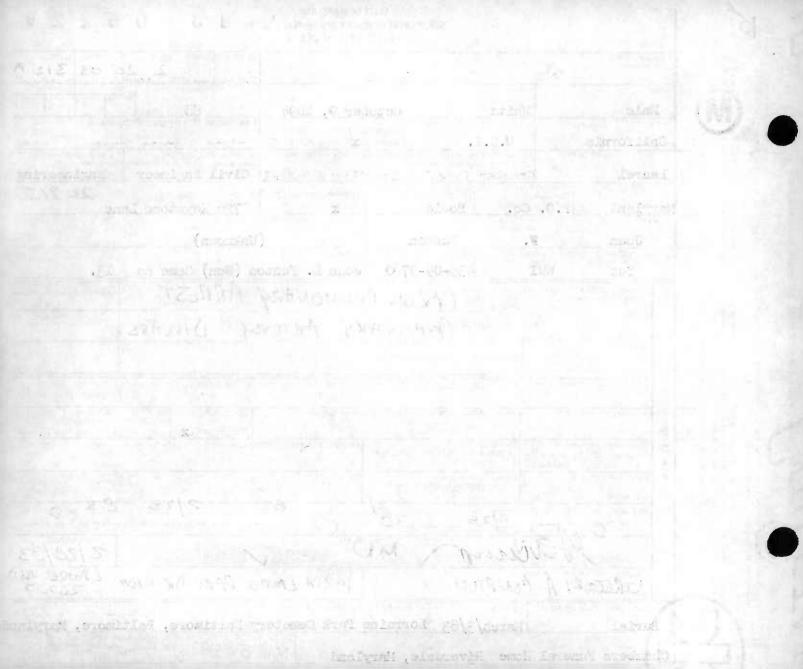
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1		PART I DEATH WAS CAUSE			with!	and	val	in 1	22	ction				BETWI	EEN ONSET	AND DEATH
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	Til	cause (a) stating the under		AS A CONS	EQUENCE O	F										
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1		220 I certify that I took char	ge of the remains de	scribed abav	e, held on	Autops	sy .	Inspection	BK.	Inquiry	, [], __	ond ir	n my op	onion		
		death resulted from: Note	oral causes	Accident	, Suid	cide .	, Homici	ide .	Undete	ermined n	nonner	J.				
		ACTUAL CA	. ^	A 4			TITLE (SF	PECIFY)					DATE	9	12-	83
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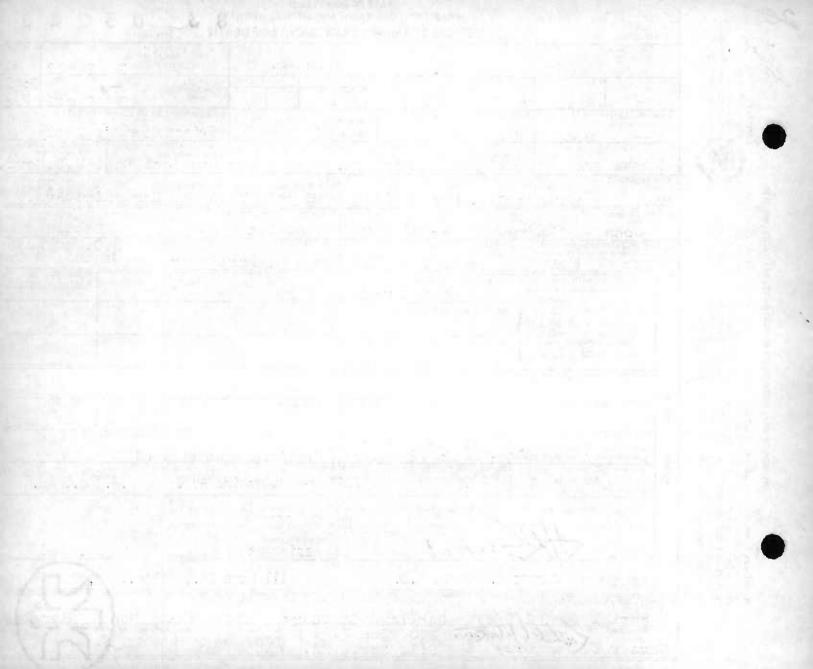
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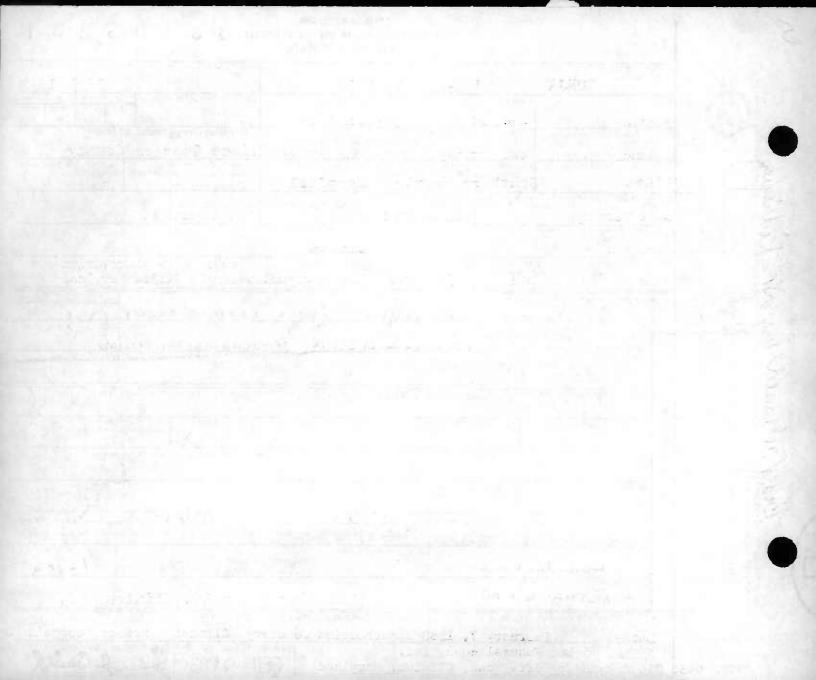


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Į.	AFTER NVE P. H FO AGES ISION		Yes	WW I		577-58-	1258	John P	. Fers	inger.	Jr.Ma	inteo,	N.C.
	JRS AF WITH WITH DIVISION		18 CAUSE OF DE	ATH (Enter only o	one couse per line	far (o), (b), and (c).)	-					APPROXIMA	TE INTERVAL
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	TO MEDICAL EXAMENE EXECUTE THE CERT PAGE 4 SHOULD ITO FUNERAL DIRECTOR PATER DEATH, WITH BALTIMORE, MARY	23a.B	URIAL, CREMATION	REMOVAL 236.	DATE	23c. NAME OF CE	METERY OF	RCREMATORY	23d LOC	ATION		The state of the s	
	BP	(Burial	2 2	/5/83	Parklaw	n Co	motown	CITYO	kville	COUN		STATE
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STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME MIDDLE MONTH 2b. HOUR (TYPE OR PRINT) SONJA FIEDLER 03 83 L ucie DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4. RACE 3. SEX MONTH DAY YEAR May 20, 1905 Female Caucasian 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE / STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) WIDOWED TO DIVORCED Prince Georges County Poland West Germany 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126, KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Southern Maryland Hospital linton Housekeeper Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13g. STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Kaiserslauternyes Benzinorino 85 West Germany NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Unknown Unknown 6005 ADDRES Rayburn Drive 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) Eryka Reynolds Temple Hills, Maryland No No/n-a N/A APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: SHOCK, CARDIAC ARREST CARDIOGENIC IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF ACUTE MYOCARDIAL ENFARCTION POSSIBLE Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d. INJURY OCCURRED 210. PLACE OF INJURY COUNTY STREET CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram should be detached for use with the State Dept. of Heal saw the deceased alive an. and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death DEGREE 22c. DATE SIGNED 226. SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS KRAO. ANANTHA 131 Piscataway Rd., Clinton, Md. 23¢ NAME OF CEMETERY OR CREMATORY 73d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Prince George s MD February 7, 198B Resurrection Cemeter Clinton Buria 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR THE GISTRAR'S SIGNATURE Lee Funeral Home, Inc. MH - 16 50M 4/82 Old Alexander Ferry Road, Clinton, Maryland



George P. Kalas Funeral Home Oxon Hill. Md.

MIDDLE

- STATE

REGISTRAR

Burial

24 FUNERAL DIRECTOR

BP

DHMH - 16 50M 4/82

(VRA 15, 4)

FIRST

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Mt. Olivet Cemetery

6160 Oxon Hill Rd.

REG. NO 20 DATE OF DEATH MONTH

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

20735

INDUSTRONE

Betteni

YES [

Washington, D. C.

25 PAB RESIDENT SEGISTRAP IN REGISTRAP'S SIGNATURE

COUNTY

22c. DATE SIGNED

IF UNDER 1 YEAR

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IF UNDER 24 HRS

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burial 2/25/83 Mt. Clivet Cemetery Assain ton, 3. C.

George L. Ralas Pareral Hore coor Hill. Co.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

20 DATE OF DEATH

FOR STATE

REGISTRAR

FIRST

I. DECEASED NAME

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

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3. SE			4. RACE		5. DATE OF BIRTH		YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
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	OHIO		U.S.		WIDOWED DIVORCED		PRINCE GE	ORGE'S	3	MD.			
	ITY OR TOWN OF DEA	тн		OSPITAL, NURSIN	G HOME OR OTHER INSTITUTION		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			F BUSINESS OR			
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JSU, 13a. S	AL RESIDENCE (IF NURSI	PRINC	OTHER INSTITUTION	13c. CITY OR TOW	N	13d. INSIDE CITY	LIMITS?	13e. STREET ADDRESS					
	THI	LVINC	E GEURG	CAPITAL	HTS		○ X	5031 EMO S'	TREET	2	20743		
14. FA	ATHER'S NAME FIRST		AIDDLE	LAST		15. MOTHER'S M		WIDDLE		LAS			
	Albert			Fletcher		Mary			ADDADED A		Mercer		
(1	VAS DECEASED EVER		WAR OR DATES)	16b. SOCIAL SECURITY NO.		17. INFORMANT	2324 AI						
	YES		578407180			CAROL JEAN CHESELDINE TEMPLE HILLS, MD							
	18. CAUSE OF DEATH PART I. DEATH W.	y one couse per BY:	C 1	A CARDIAC ARREST				BETWEEN	MATE INTERVAL ONSET AND DEATH				
	6050 IMMEDIATE CAUSE (0) Candial Arres Still III												
	DUE TO, OR AS, A CONSEQUENCE OF CHRONIC RENAL FAILURE AND ACIDOSIS												
	Conditions, if ony, which gove rise to immediate (b) Chrence Penal Follows and Acidosis												
	couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF CONGESTIVE HEART FAILURE												
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0												
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6												
CERTIFICATION	19a. DATE OF OPERAT	ION	196. CONDITION FOR WHICH OPERATION			WAS PERFORMED		20a AUTOPSY?		WERE FINDIN			
TIE								YES NOT	YE:	YING CAUSES	NO [
MEDICAL CER	21a. ACCIDENT WAS UND		21b. TIME O	FINJURY M. MONTH DA	Y VEAD	21c. HOW INJUR	RY OCCURR	ED (ENTER NATURE OF INJUS	RY IN ITEM 18 P	ART 1 OR PART 2)			
	OR CONTRIBUTING C		111		19								
	21d. INJURY OCCURR	ED	21e. PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM FIC)	21f. LOCATION STREET		CITY OR TO	wn	COUNTY	STATE		
	WHILE NOT WH	K _											
	22a.l certify that	(this hospit	ol) attended the	e deceosed from	30 NO		19_82	_, to 6 FEB			that (K (we) lost		
	sow the decease above, (**(we) (d	d olive on.	viewthe body	ofter death.	0.3, or	nd that in (200) (ou	r) opinion d	leath accurred on the do	ate and hou	r and from the	couses stated		
	71% SIGNATURE	00	1	AL		DEGREE	ENIDING	MEDICAL STAT	ce	22c. DATE	SIGNED		
	1/04	J	Terror S			PHY	SICIAN X	DIRECTOR PHYSIC		Feb.	6, 1983		
	22d PHYSICIAN'S NA		PRINT)			*				20331			
	PAUL G.	SEITI	ES, MD	ALP-THE				USAF MEDIC.	AL CEN	NTER AA	FB, MD		
	BURIAL, CREMATION, I					EMETERY OR CRE		23d. LOCATION		COUNTY	STATE		
	Burial		2/10/8	3 Mar	mrland	Vataror	a Com	Chalton	T	- 0			

BP. DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funer should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

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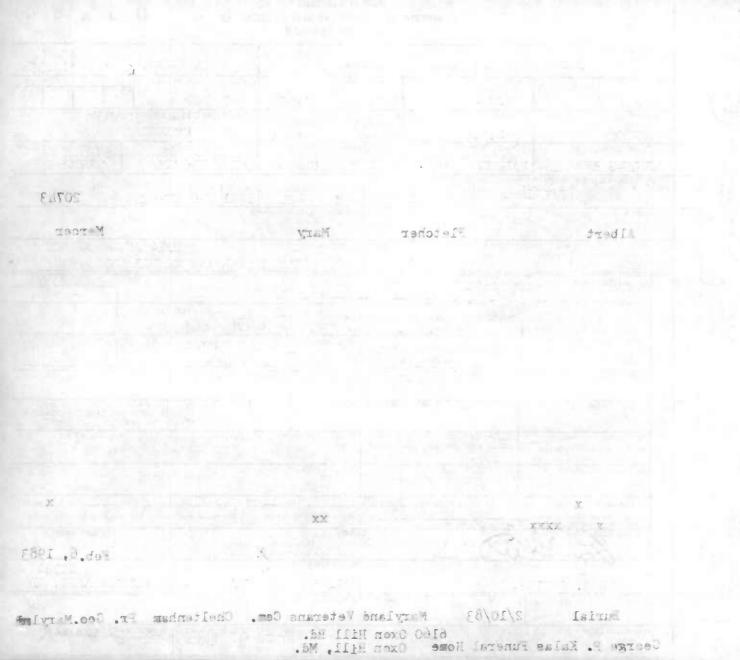
(VRA 15, 4)

74 FUNERAL DIRECTOR

George P. Kalas Funeral Home

Oxen Hill Rd. Oxen Hill, Md.

750. DATE REC'D. BY REGISTRA JULIUS ISTRANTA SIGNALUBE



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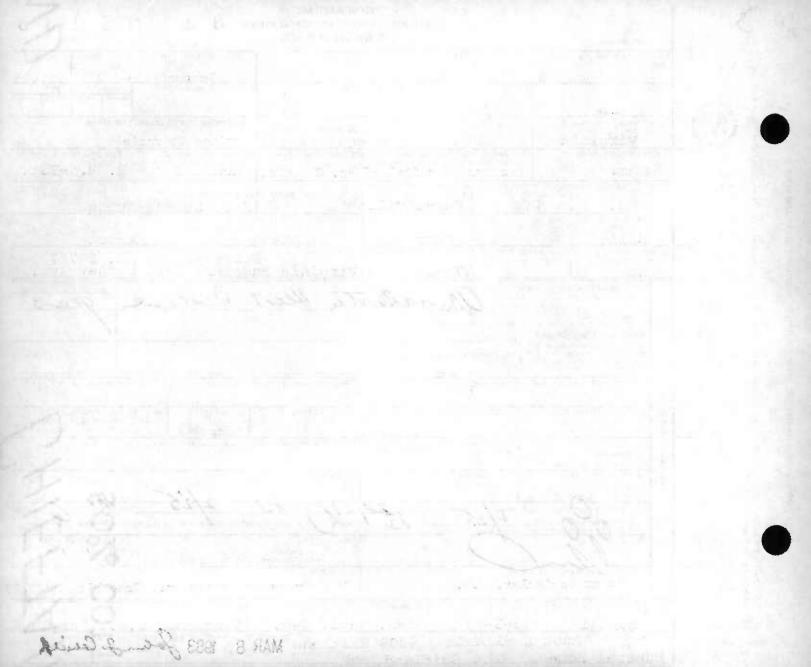
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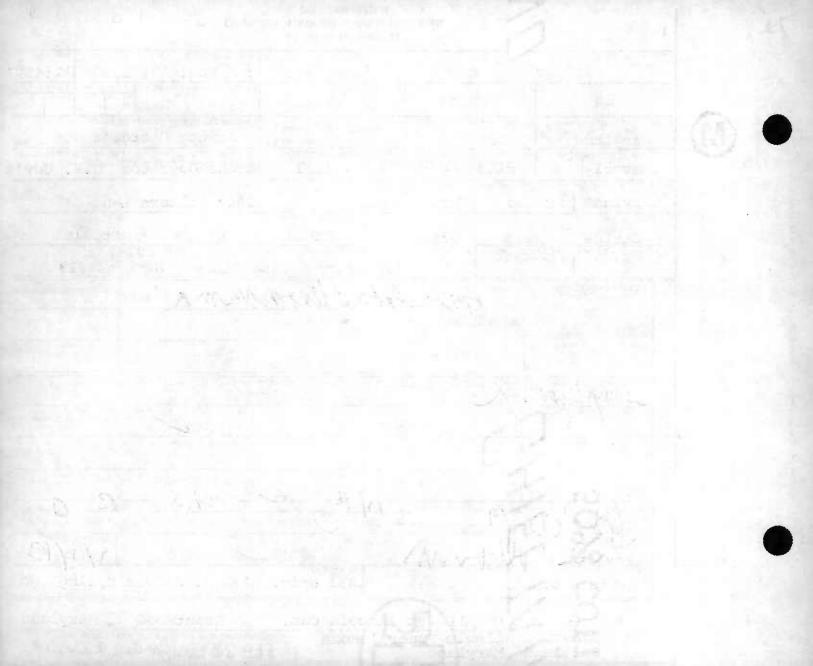
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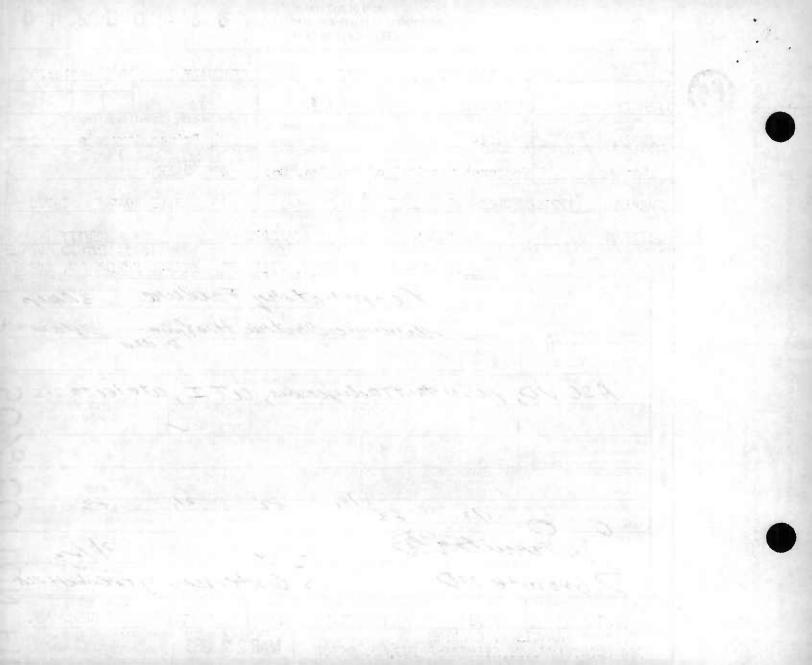


4		1 -	STATE OF MARYLAND FOR STATE STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 5 2 3 7 CERTIFICATE OF DEATH REG. NO.							
			EASED NAME FIR	RST	WIDDLE	U	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
oge 3			Maria	retto	D.	Gillow		2-	18-83 1210 M	
a bo	61	3. SE		4 RA	CE	5. DATE C	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.	
- (RA)			emale		Nhite	6	-12 - 94	89 YRS		
CAR :	76	-	RTHPLACE (STATE OR FOREK		ITIZEN OF WHAT COU	MARRIE	NEVER MARRIED		/2	
r de uthing			ennsylvani		NAME OF HOSPITAL, N	WIDOWE TURSING HOME O	DIVORCED DIVORCED	170 USUAL OCCUPATION	126. KIND OF BUSINESS OR	
rs after of by the fulled with	70	1	linton	0	IF NOT IN SUCH FACILITY, GIV		entec	Clerk - U. S	LIFE) INDUSTRY	
in it	2/	USU.	AL RESIDENCE (IF NURSING H	HOME OR OTHER	INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	D. IGOV C.	
AND 24 h	5	130. 5	Md.	PG	Marle	ow Hgts	YES NO D	3908 28 Aver	nue 20747	
RYLA within etely 3.2 sh	10	14. FA	THER'S NAME	WIDDLE	LA	ST	15. MOTHER'S MAIDEN N		LAST	
ampl and	300		Unknown		Dick		Unki	nown		
AORE execu	ne medical			J.S. ARMED I YES, GIVE WAR	OR DATES)	L SECURITY NO.	45 Davids	on Road Have	lock N. C.	
ALTIM e be e cion c ers. Pc			No			20 8699	Patricia :	Lusk, Granddau		
BA ficate shysic pope pope			18 CAUSE OF DEATH (E) PART I. DEATH WAS (CAUSED BY:	Cono	B	scalar	Acrile 1	BETWEEN OHSET AND DEATH	
N ST certi certi ing p irbon ar ren			4140 IMA	AEDIATE CA			7000	- A COLOR		
W. PRESTON ST os the death certi y the attending p cer remove carbon cer move carbon ther troumaties are			Conditions, if ony, wh		DUE TO, OR AS A CON	SEQUENCEOF	- Hing	- Forlow		
the o			gove rise to immedia couse (a), stating	45 4	DUE TO ORAK ACON	SEQUENCE OF		1 /		
201 W se that ned by please urial, cr			underlying couse la	ost.	10 ATY	erro	nents	a bear 1	igur	
		Z	PART 2 OTHER SIGNIFIC	ANT COND	OITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION C	EVEN IN PART 100	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ottending physicion. After this certificate has been sig os the buriol-transit permit. Then the ond Aemtal Hygaine prior to be the ond Aemtal 18 shows one vinior to		CERTIFICATION	19a DATE OF OPERATION	315-	19b. CONDITION FOR I	WHICH OPERATION	NAS PERSONAED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED	
L REC	4	IFIC,	THE DATE OF OFERATION	100	THE CONDITION OF	VIIICITOTERATIO	T WAS TENT ONMED	IN CER	TIFYING CAUSES OF DEATH?	
VITAI	6	CERT	21a. ACCIDENT WAS UNDERLY		216. TIME OF INJURY	1 1100	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 1		
4 OF VII	7		OR CONTRIBUTING CAUSE	COI DEATH	HOUR A.M. MONT	H DAY YEAR				
HYSIC nding his cer burio		MEDICAL	21d. INJURY OCCURRED	2	TIE PLACE OF INJURY		21f LOCATION	CITY OR TOWN	COUNTY STATE	
NVIS AG F after t fter t hone		2	AT WORK NOT WHILE		(AT NOME, STREET, FACTORY,	DIFFICE, FARM, ETC.)				
Page 8			22a.1 certify that (I) (this	47	ttended the deceased	Con.	(10 19	3.10	, 19 , that (1) (we) lost	
R ATTEN hospitol RECTOR red for u pt. of Ho				did not) viev	w the body after death.			n death accurred on the date and h		
O e logo #			22b. SIGNATURE	molo	~		DEGREE ATTENDING	MEDICAL STAFF	221 DATE SIGNED	
HOSPITAL ned by th FUNERAL UID be detected to be stated.	-		22d. PHYSICIAN'S NAME	TYPE OR PRINT	1)		PHYSICIAN .	DIRECTOR PHYSICIAN	12(18/65	
Se Tale		3	REZA	Mi	STAN		4235	26 G our	nel 2003,	
of of other other of the other		23a. l	URIAL, CREMATION, REM	IOVAL 231	b DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	/	
BP		1	Burial		2-23-83		Natl. Cem.	Suitland,	P.G., Maryland	
DHMH - 16 50M 4/8	82	24 FI	INERAL DIRECTOR RO		Wilhelm	4308 St	uitland 250 D	ATE REC'D. BY REGISTRAR 251 REG		
(VRA 15, 4)		Fu	neral Home	3	Rd., Sui	Land, 1	vid.	B 2 4 1983 Joa	2. Course	



STATE OF MARYLAND

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20M 4/B2

STATE OF MARYLAND

Street S. Jan. The Miles and the Committee of the Commi CAME AND P. Smill Lessing 15 1924 (purit)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) FLORA Pearl ODE 02 -4. RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX MONTH Female Aug. 1914 68 Caucasian BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVERMARRIED PRINCE Maryland U.S.A. GEORGE. WIDOWEDK DIVORCED IL CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY CLINTON Southern Md. Hospital Center Housewife Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TOWN 130 STREET ADDRESS Place 13d. INSIDE CITY LIMITS? 20640 Charles Indian Head Maryland YES 📉 NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Ella Catterton Chanev. Sr. Joseph Samuel Mae 17 INFORMANT DAUGHTER ADDRESS P.O. Box 334 166 SOCIAL SECURITY NO. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ND 213-09-9008 Eloise Wells Upper Marlboro, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH corbon poper 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE FALLURE, ACIDOSIS moflon, Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse ö CERTIFICATION 0 prior 200 AUTOPS 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 8

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER P.M

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

236. DATE

2-23-83

and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated

abave, (1) (we) (did toid nat) view the body after death 226 SIGNATURE 224. PHYSICIAN'S NAME (TYPE OR PR

DEGREE 22c. DATESIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

CITY OF TOWN

22e ADDRESS #207

211 LOCATION

STREET

Charles Prof. Center. Waldorf.

S.K. Mishra 23g BURIAL CREMATION REMOVAL (SPECIFY)

22a.1 certify that (1) (fins hospital sow the deceased alive an.

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Burial 24 FUNERAL DIRECTOR

dns. Waldorf, Charles, Mem. Gdns.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

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If Item

MPORTANT

MEDIC/

Huntt Funeral Home, Waldorf, Maryland

STATE

COUNTY

Female | Lautenston Fun. 12, 1916 58 Country Constant to Lenter consented these Home larylend therica left in North a left of Lorense Floor Indian ----- Piction Loise (ella Unner Peripose, vo. mariness dies While too enter, reins . 701 e light buriel 2-23-83 Irinisy em. udne. welcors, c. miles, e. Munit Functed Hore, Islant, Marylaho - Marylaho

	L	FOR = STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	5 2 4 3
€ 100 ±		CEASED NAME FIRST ROLAT	nd P	Goode	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
95	3. SE	VOTAL	4. RACE	Is. Date of Birth	6 AGE (IN YEARS LAST BIRTHDAY)	19 83 5:10 A
(A)		MALE	WHITE	Sept. 13, 1899	83	MONTHS DAYS HOURS MIN.
		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince George	
by the to		Riverdale	Leland Memoria:	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPOTTICE MOST OF WORKIN	ID JUND OF THE SOR
filled in nould be	USU 13a.	AL RESIDENCE HE NURSING HOME O STATE 136 COU Maryland Prin	rother institution Giver above the three NTY 13 Hyattsv		13°5202 ACFistence	len Street 20781
ole Comine	14 F.	Eugene	MIDDLE Goode LAST	15 MOTHER'S MAIDEN N El'izabe		Hall ^{LAST}
Poges 3		WAS DECEASED EVER IN U.S. AF	rmed Forces? 166 SOCIAL SECU 214 32 8		Smith Same a	us #13 (Daughter)
gned by the otter in please remove o burial, cremation, ry, or other froum			DUE TO, OR AS A CONSEOUL	ENIOSCLENOSIL ENCE OF DING FENDAL DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION (
The or to	ATION	SIGNIFI	CANT BLEED	I'MG TISSUES	+ GI TRACT	
Shows on	1 2	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. 1F	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{VES} \(\text{NO} \)
buriol-tronsi Mentol Hygi or Item 18 sh	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IFEITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	ATH HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY	19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM	
After the os the lith and lith and lorked	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
CTOR: J J for use c of Heo n 21 is m		sow the deceased alive or above, (1) (we) (did) (did pe	ital) attended the deceased from 19 19 19	7-7-83, 19 8		nour and from the causes stated
RAL DIRE detoched tote Dept		226. SIGNATURA	rules	MID. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 2-19-83
should be de with the Stoti		22d. PHYSICIAN'S NAME (TYPE (C-RIBNER	22e. ADDRESS 7717 4421	ROLL AV TAK	20912 041 PIL MO!
- 's 3 <u>2</u>		BURIAL, CREMATION, REMOVAL	236 DATE 2/22/83 F	t. Lincoln Cemeter	23d LOCATION	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Francis Gasch's Sons Funeral Home, P.A. Hyattsville, Maryland

250. DATE REC'D. BY REGISTRAR WE REGISTRAR'S SIGNATURE FEB 2 3 1983

A DECEMBER HIS DON'T DESIGN THROUGH Testing .2.0 trought continu Total and the second of the second Touchering has a sent to the property of the sent of the sent of Carrier B. C. Linewick Corporate Propries S. C. and S. C. A TANK OF STREET & Bonn of another than the state of the inniend to the torstonic

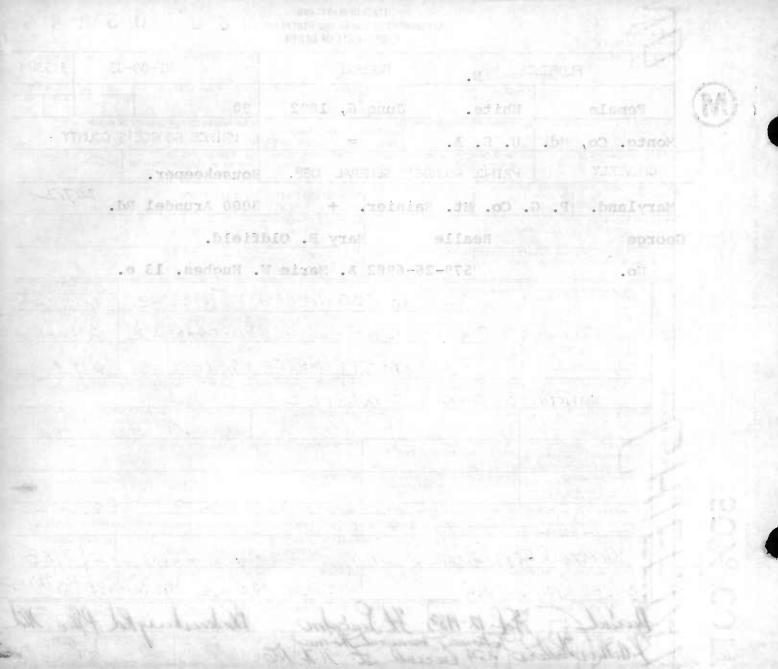
	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3 0	5 2 4 4
	DECEASED NAME FIRST [TYPE OR PRINT] FLORE	NCE E.	GORDON	20. DATE OF DEATH MONTH DA	
88	SEX	4. RACE	S. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
n) L	Female	White.	June 6, 1892	90 yrs.	
20	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ontg. Co, Md.	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE 1	
74	CHEVERLY	(JE NOT IN SLICH FACILITY GIVE STR	SING HOME OR OTHER INSTITUTION EET ADDRESS) S GENERAL HOSP.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housekeeper.	12b. KIND OF BUSINESS OR INDUSTRY
) (SUAL RESIDENCE (IF NURSING HOME: 30. STATE 136. COL	INTY 13c. CITY OR TO		3000 Arundel Ro	207/2
Ge	orge	Bealle LAST	Mary E. Old	lfield.	LAST
116	(YES, NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)	CURITY NO. 17 INFORMANT -6982 A. Marie W	N. Hughes. 13 e	
troumatic event, th	PART I. DEATH WAS CAUSE IMMEDI 4/40 Conditions, if ony, which	ATE CAUSE (0)	PIORESPIRATORIOSCLEROTICA	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH GHOURS 2 YEARS
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF A	CIOSCLEROSIS	syears
nlury, ar		CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	IN PART 110
2	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH? NO
	OR CONTRIBUTION CAUSE OF S		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T I OR PART 2)
Neg of	OR CONTRIBUTING CAUSE OF L	21s. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
tem 21 is morked	220.1 certify that (1) (this has saw the deceased alive a	Bital) attended the deceased from	m l	death occurred on the date and hour c	nd from the couses stated
ORTANT: #	22d. PHYSICIAN'S NAME (TYPE	an Sugar	ATTENDING PHYSICIAN [1	2/9/83
ORTANT: H	ISOMUEL . IN	SUGAR	W637 FASTE	* DIV STUE MT KOLL	VIER MD 2071

DHMH - 16 50M 4/82 (VRA 15, 4)

CREMATION, REMOVAL

23c. NAME OF CEMETERY OF CREMATORY

230 LOCATION CHI OR TOWN



1			STA	TE OF MARYLAND		
4		OR	DEPARTMENT OF	HEALTH AND MENTAL HY	GIENE	0 5 2 4 5
0		REGISTRAR	MEDICAL EXAMIN	IER'S CERTIFICATE O	DEATH REG. N	0.
1		EASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26. HOUR
	(TYPI	ORPRINT) There	sa G. Gu	ardon	OF ESTI- DEATH MATED	2-3 19 83 N
2	SEX	A. PACE	5. DATE OF BIRTH 6. AGE IN YE	EARS IF UNDER 1 YR. IF UNDER 2	4 HRS. 2c. DATE	MONTH DAY YEAR 2d HOUR
1.3	E	emal Black	MONTH DAY YEAR LAST BIRTHO	months of Hours	MIN. PRONOUNCED	2 2 02423
0	1 01	THPLACE (STATE OR	5-7-33 49 y	RS.		OR COUNTY OF DEATH
d	19	IGN COUNTRY)	n Control What Country	MARRIED NEVER MARRIE	DUID	SK COOKIT OF DEATH
9	11	arylana	UIS,H.	WIDOWED DIVORCE		George's MD
11	B. CI	Y OR JOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	E, OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYLE)	PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
sep.		Ulinlon	Southern Midi We	ospital Center	Home-mak	0.0
1	SHA	ATE 1136 COUNT	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS		13e STREET ADDRESS/ / 1	20172.
75	M	aruland Pr.	Geor Timore Mr	I PON MY YES NO I	116/1- The t	enham Road
	4. FA	THER'S NAME	000 100 110	15. MOTHER'S MAIDEN	NAME	
1		TEIRST DU F.	MODLE LAST	Mar M (2)	MIDDLE	LAST
1	60 10	AS DECEASED EVER IN U.S. ARA	AED FORCES? 166. SOCIAL SECURIT	TY NO. 17. INFORMANT	Jorua Jor	<i>a</i>
/	(Y	S. NO, OR UNKNOWN) I (IF YES, GIVE V	NAR OR DATES)	100	T C	5 00
L		NO	211-36	37/ Vianley	E. Gordon-	SAA
		18 CAUSE OF DEATH (Enter onl- PART I DEATH WAS CAUSED	y ane couse per ime for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	90		E CAUSE (o)			AFTER BOARD TE TO
		3030	DUE TO, OR AS A CONSEQUENCE	OF		
9		Conditions, if any, which gave rise to immediate	(b)			
		cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE	OF		
	- 14	lying cause last.				
20		PART 2 OTHER SIGNIFICANT CONDITIONS C	(C)	MINAL DISTASS OF CONDITION CIVEN IN BAR	11	
	z	me pertension	%	MINKE DISERSE OR COMPITION DISER IN FAR	T (U).	
\dashv	15	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPE	BATIONI WAS BEREORMEDS		20. AUTOPSY?
0	HC.	THE DATE OF BRICKHOTT	TW. CONDITION TOR WHICH OF E	RATION WASTERI ORMED:		
	CERTIFICATION					YES LI NO
2	0.000	216. EXTERNAL CAUSE WAS	216 TIME OF INJURY HOUR A.M. MONTH DAY YEA	R ZIC HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
2	5	CONTRIBUTING CAUSE OF D				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	2	WHILE AT WORK AT WORK	J. Sandy Elect		CITTONTOWN	STATE
					7 . 1	
		,	e of the remains described above, held on	Autapsy . Inspection		nd in my opinion
		death resulted from: Natur	al causes . Accident . Si	vicide . Homicide .	Undetermined manner	
		ACTUAL THEREIS	DVD	TITLE (SPECIFY)		DATE 3-11- 73
-		SIGNATURE THE	no prince vez	M.D. Deputy	MEDICAL EXAMINER	DATE SIGNED 2-4- 83
2		EXAMINER'S NAME		5000 5		
2		(TYPE OR PRINT) Augus	sto P. Rodriguez, M.	D. ADDRESS 5009 R	ayburn Ct., Ca	mp Springs, Md.
1	23a. BI	RIAL, CREMATION, REMOVAL 2	36. DATE 23 NAME OF CE	METERY OR CREMATORY	23d. LOCATION	OUNTY STATE
		Burial	47/1983 Kesurr	ection Cem.	Ginton	P.G. Mid
	24. FI	INERAL DIRECTOR	ADDRESS	250. DATE R	0 1000	ISTRAR'S SIGNATURE
	11	Cartelle ad	ams clauasca	ma FEB	1 6 1983	nd Casiel
- Be	4 7		1-0-00		- U	

A STREET OF THE PROPERTY OF TH Smile Willes County of the first title The second second second 1881 9833 John Day Sough

Huntt Funeral Home, Waldorf, Marvland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

Pictur del de la company de la company de 1983 11:350 telegation to the State Cradinada) Cradinada) (Cradinada) (Cradina 160.0 Surial Pome, Colder, Pervions of FCD LA 1993 Constitution of the constraint Pome, Colder Constant of the constant Pome, Colder Constant of the constant Pome, Colder Constant of the constant of the constant Pome, Colder Constant of the con

1			STATEO	FMAKYLAND		y 0 A 1
11-	FOR STATE		PARTMENT OF HEAL		0.0	5 2 4 /
	REGISTRAR		CAL EXAMINER'S	S CERTIFICATE (OF DEATH REG. NO.	
	CEASED NAME FIRST		IDDIE	LAST	20. DATE KNOWN OF ESTI-	MONTH DAY MAR 26 HOUR
	PE OR PRINT)	line:	T. 4	Zay	DEATH MATED	2 21 195 100
3. SE	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS IF			MONTH DAY YEAR 24 HOUR
	FB	Merrin DAI	YEAR LAST BIRTHDAY) AND STATE OF THE PERSON AND STATE	ONTHS DAYS HOURS	MIN PRONOUNCED DEAD	2 21 83 1045
7a. B	RTHPLACE (STATE OR	76. CITIZEN OF WHAT	COUNTRYS		9. BALTIMORE CITY OR	
	REIGN COUNTRY)	U. S. A.		OWED DIVOR		
	TY OR TOWN OF DEATH		AL NURSING HOME, OR C		12a USUAL OCCUPATION (TYPE OF	E WORK 12b KIND OF BUSINESS
0	elege park	(IF NOT IN SUCH FACILIT	Y, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
LISII	AL RESIDENCE (IF IN NURSING HOME		e Island Aver	nue	Foster Grandpar	ent
13a. S	TATE 136. COU	NTY 1:	CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	0,140, ,813
1	laryLand Prin	ce Georges	College Park	YES NO	90148010	de Ishal Ave
	ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIL FIRST	MIDDLE	LAST
JE	mes H. Gray			Eliza Cob		
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	66. SOCIAL SECURITY NO.	17. INFORMANT	ADREST	mount Hgts, Md.
	VO O	1	Not Stated	Robert R.	Gray, Brother, 5	502 Addison Rd.
	18 CAUSE OF DEATH (Enter of				,	APPROXIMATE INTERVAL
- 33	PART I DEATH WAS CAUS	ED BY:	myocan	dial 1	lan Ction	BETWEEN ONSET AND DEATH
-67	4100 MMEDI	DUE TO, OR AS	A CONSEQUENCE OF	The state of		
	Conditions, if ony, which	h	ARIA	/		45 236 36
MEDICAL CERTIFICATION	gove rise to immediate couse (a) stating the unde		A CONSEQUENCE OF			
	lying couse lost.	DOL TO, OR AS	A CONSEQUENCE OF		A SECTION AND ADDRESS OF THE PARTY OF THE PA	
	BART 2 OTHER CICNIFICANT COMPUTION	(c)	NAV AT AVER TRANSPORT			
z	PART 2 OTHER SIGNIFICANT CONDITION	TOWNSHIP TO DE WIN BUT I	MOLKETALEN IN THE ISEMINAL DI	SEASE DR EDNOTTION GIVEN IN P	ART 1 Fol.	
MEDICAL CERTIFICATION	19a. DATE OF OPERATION	Link CONDITION	N FOR WHICH OPERATION	LIMAS DEDECODALEDS	7	In Autonova
N.	170. DATE OF OPERATION	140 CONDITION	N FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
RTIF						YES NO
CE	218 EXTERNAL CAUSE WAS	216. TIME OF IN HOUR A.M. M		. HOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITEM 18 PART	T 1 OR PART 2)
CAL	CONTRIBUTING CAUSE OF		19			
LEDI	21d. INJURY OCCURRED	21e PLACE OF I STREET, FACTORY		LOCATION	CITY OR TOWN	COUNTY STATE
2	WHILE NOT WHILE AT WORK				CII. OX IOMI	STATE
	22a. I certify that I took cho	roe of the remains describ	red phaye held as A.	topsy , Inspecti	on Denvis Denvis	in my opinion
						ш шу оршоп
	, death resulted from: Not	urol couses 🔲, Ac	cident 🔲 , Suicide	, Homicide ,	Undetermined monner .	
	ACTUAL CAIN	A.TIAK	m 3	Plana (1)		DATE 2-21-82
	SIGNATURE (2)	1) 4 10		W.D. Trille	MEDICAL EXAMINER	SIGNED
100	EXAMINER'S NAME 56.	32 ann	apolis Re	Lange Black	leasbourg Mo	20710
23a. F	URIAL, CREMATION, REMOVAL	23b. DATE	1238 NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION	
(Burial	25 Feb 83		norial Cemet	ery Suitland, P.	G. Co., Md.
24 F	UNERAL DIRECTOR				REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
W	Honest Januaria	ADDRESS	32 You St.,	IV W	77 1983 Jan.	00.1
** •	Ernest Jarvis	oo., inc.,	wasnington,	Ua Ua I	· wood for	heldhell

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FOR - STATE

(VRA 15, 4)

20616 Rt. 2 Box 206C Bryans Road Bowers Bryans Rd. 20616 216-12-4284 Alice Caporaletti Rt 2 Box206C PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22¢ DATE SIGNED Cremation Feb. 9, 1983 Lee&Sons Crematory 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 Thornton's Funeral Home Pomonkey Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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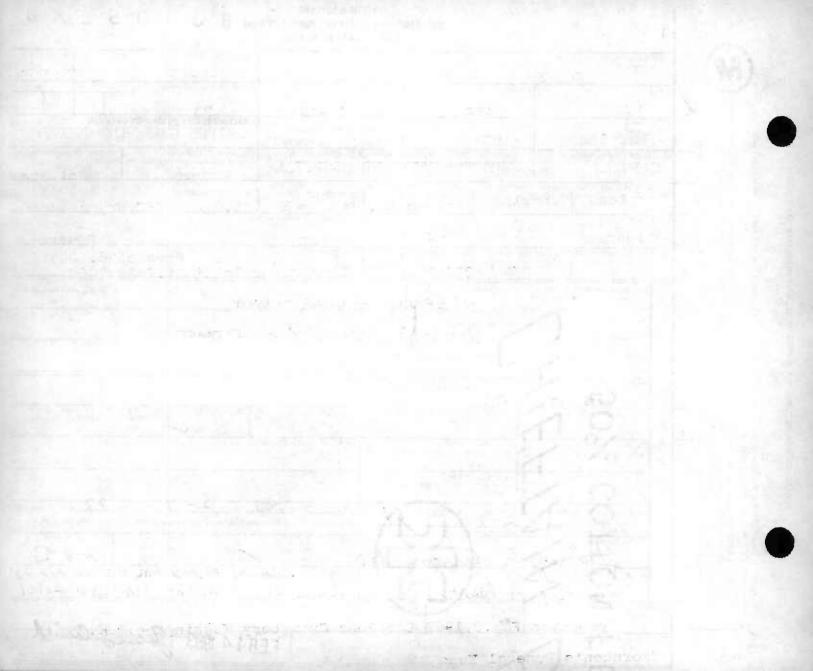
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12b. KIND OF BUSINESS OR

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(VRA 15, 4) 6 11

STATE OF MARYLAND

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10	11.	FOR STATE		D	EPARTMENT OF	HEALTH	AND MENTAL	HYGIENE	3	0 5	2 5	
12	1	REGISTRAR		MED	ICAL EXAMI	NER'S	ERTIFICATE	OF DEATH	REG. N	10.		100
()		CEASED NAME	FIRST		MIDDLE		LAST	2a. D	PATE KNOWN	MONTH	DAY YEAR	25 HOUR
2 2 3 2 5	(117		Robe	ent	D.	1/0	morer	D	OF ESTI-	2	11 18 3	L'259W
A COLOR	3. SEX	4. RAC	E :	MONTH DAY	YEAR LAST BIRTH			ER 24 HRS. 2c. MIN. PRO	DATE NOUNCED	MONTH	11 83	2d HOUR
CESSARY, F NERAL DIRE- FOR YOUR VITHIN 72 H PRESTON S		W Com		10-2-19		RS.		700	DEAD		19	N K
ESS.		RTHPLACE (STATE OR DREIGH COUNTRY)		7b. CITIZEN OF WH	AT COUNTRY?	8. MARR	ED NEVERMAI	RRIED K	ALTIMORE CITY	OR COUNTY	OFDEATH	
IS NECESSARY, E FUNERAL DIRE E FOR YOUR ED, WITHIN 72 H		Penna.		U.S.		WIDOW		RCED 🗆	P	r. Geo		MD.
	10. C	TY OR TOWN OF DE	ATH		ITAL, NURSING HOM		ER INSTITUTION	12a. USUAL C	OCCUPATION (TY OF WORKING LIFE)		2b. KIND OF B OR INDUS	
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A A B		AL RESIDENCE (IF IN NU	IRSING HOME OR		13c. CITY OR TOWN	(NOI)	13d. INSIDE CITY LIMITS?					
21201 AND AND SETAL	130. 5	Md.	Pr.C		Mt.Rain	ier	YES NO	_ 1.044	- 36th	n St.	(2071	2)
AL 3.2.	14. F	ATHER'S NAME					15. MOTHER'S MAI	DENNAME				
A HEST OF		Andrey	V	J.	Hanover		Susa	n	MIDDLE	Dra	gonsky	7
A A A A A A A A A A A A A A A A A A A		VAS DECEASED EVER	IN U.S. ARMI		166. SOCIAL SECURI	TY NO.	17. INFORMANT		ADDRES		Same	
IL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA "PENDING" IN PENDICIL IN TERM B. GIVE PAGES I. 2, AND 31 OF "PREDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN P EED AS A BURIAL - TRANSIT PERMIT. PAGES I AND 2 SHOULD BE F HEATTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS, 3 AL, CREMATION, OR REMOVAL.	()	No. OR UNKNOWN)	(IF YES, GIVE W.	AR OR DATES)	177-26-	4085	Susan	H. McM	ahon (Siste:	r) abo	ve
W.G. G.	F	18 CAUSE OF DEA	H (Enter only	one cause per line	or (o), (b), and (c),)			1			APPROXIMA BETWEEN ONS	EINTERVAL
ST NE NE	10	PART I DEATH W	AS CAUSED	BY:	Dana	00	ndiral	hinto	nktra		BETWEEN ONS	T AND DEATH
PRESTON ST ITHIN 24 HOU CIL IN ITEM II VER ALONG ANSIT PERMI AL HYGIENE, REMOVAL.		4100	IMMEDIATE		AS A CONSEQUENCE	OF		1				
E WELL		Conditions, if				1	(VD	U				
W. W. P.		gave rise to couse (a) stating		DUE TO, OR	AS A CONSEQUENCE	OF	3 8-8					- 1 3 3 5
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S CERTIFICATE SHOULD BE EXEC RITING THE WORD "FENDING" PEDD TO THE CHIEF MEDIOAL. E 3 SHOULD BE USED AS A BUI TO PRIOR TO BURIAL, CREMATION TO PRIOR TO BURIAL, CREMATION	Z		_					CART CIU.				
PEN ME	CERTIFICATION	19a. DATE OF OPER	ATION	19b. CONDIT	ON FOR WHICH OPE	RATION W	'AS PERFORMED?		100		20 AUTOPSY	?
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F VITA TE SHO WORD WORD TE CHILD TE CHI	FR	2) o. EXTERNAL CAU	SE WAS	21b. TIME OF	INJURY	21c. H	OW INJURY OCCUR	RED LENTER NATUR	E OF INJURY IN ITEM 1:	8 PART 1 OR PART		140 [
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A TE SATE NO.		22a I certify that	I took chorge	of the remains desc	ribed obove, held an	Autap	sy , Inspec	han . In	iquiry [], o	ind in my opii	nion	
EXAMINER: CERTIFICATE JLD BE FOR DIRECTOR: WITH THE 8		death resulted from	n: Notura	l couses ,	Accident . S	vicide	, Hamicide	Undetermin	ned manner	,		
EXAMI CERTIFI JUD BE DIRECT WARYL	1		/				TITLE (SPECIFY)				0 1	26.
A # 5 P F # -		ACTUAL SIGNATURE	SAID	A .	DAREL	100 M	Deputy	MEDICAL	EXAMINER	DATE	1-1	2
MEDIC CUTE TH SE 4 SH FUNER FER DEA	1	EXAMINER'S NAME	563	2 1-00	hand!	11	20 1	1	2071	0		
TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO		(TYPE OR PRINT)	263	T HILL	najsous	160	ADDRESS ACT	pus				
TO MEDICAL EXAMINER: TO EXECUTE HE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STAME MARYLAND, 2 FORWARYLAND, 2 FORWARYLA	23a.B	URIAL, CREMATION, P	REMOVAL 231	DATE	23c. NAME OF CI	METERY O	R CREMATORY	23d. LOCAT	ION	COUNT	Y	TATE
BP		Burial	2	2-17-83	St. Mary	s An	nunciati	on Pr	ingle 1	Luzer	ne Per	ma.
DHMH - 17		UNERAL DIRECTOR		ADDRESS	D	3//3	25a. DAT	E REC'D. BY REC		SISTRAR'S SK	GNATURE.	1
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H	1		1 -	FOR STATE REGISTRAR			MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		5 2	5 2
	ea de de			CEASED NAME FIRST MOR	TON	MIDDLE		RRISON	10. DAIL OF BEATH	02-06-		10:28PN
me 4 mov	after deat	-তথ্যস্থলৈ	3. SEX	Male	4. RACE Whit	e	S. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
O 4104	(N	1)6	9	RTHPLACE (STATE OR FOREIGN COUNTRY) New York	USA	WHAT COUNTRY?	WIDOWE		PRINCE GE		COUNT	MD.
201	Hold will	74	Cl	TY OR TOWN OF DEATH EVERLY	PRINC	E GEORGE	S GEN	ERAL HOSP.	(TYPE OF WORK FOR MOST OF Manager		INDUSTRY	s goods
BALTIMORE, MARYLAND 2120	filled in hoofd be	35	13a. S		AE OR OTHER INSTITUTION OUNTY	I34 CITY OR TOW Laure I	ADMISSION)	13d. INSIDE CITY LIMITS?	401 Cherry	Lane	2	0707
MARYL	campletely s 1 and 2 sh	THE S	11-50	THER'S NAME Nathan	MIDDLE Har	rison		Caroline	WIDDIE		.ker	
IMORE,	physicion and conpopers. Pages 1	medical		VAS DECEASED EVER IN U.S VES, NO OR UNKNOWN) (IF YES	, ARMED FORCES? S, GIVE WAR OR DATES)	087 05 7		Patricia Ha	ADDRE		ove	
DS, 201 W. PRESTON ST.,	signed by the attending physici hen please remove carbon paper to buriol, cremation, or remaval.	njury, or other traumatic event,	NO	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost	(b) DUE TO, C		Lice ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	
AL RECOR	nysician. Icote has been ronsit permit. I Hygiene prior	à C	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTIFY YES		
DIVISION OF VITAL RECORDS,	ding pl	or Item 18 s	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	F DEATH HOUR A	OF INJURY A.M. MONTH D. P.M. FOF INJURY	19	21c. HOW INJURY OCCURE			COUNTY	STATE
ATTEND	espitol or off ECTOR: After d for use os the t. of Health or	lem 21 is marked	M	WHILE AT WORK 220.1 certify that (I) (this h saw the deceased alive above, (I) (ye) (did) (did) 220.5 SIGNATURE	ospital) attended t	- 1 - 1 - 1	3	street 19 63 Ind that in (my) (our) opinion of the content of th	city ORTO	1.6.	967,	that (I) (we) last
O HOSPITAL OR	4 - 4 0	IMPORTANT: IF IS		224. PHYSICIAN'S NAME (1		Me	M	ATTENDING PHYSICIAN 2				
N	BP		23o. E	BURIAL, CREMATION, REMO SPEC SPECIAL DIRECTION			1	ct Hill Cemeter 256. DAT	23d LOCATION CITY OF TOWN E REC'D. BY REGISTRAR		New Je	
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page 3 er death

	1-	FOR STATE REGISTRAR		DEPARTM	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH		NO.) 5 :	2 5 3
		CEASED NAME FIRST	MIGD S			aviland	Pebruar		1983	26 HOUR 3 56 p
71	3. SEX		4 RACE White		5. DATE C		6. AGE (IN YEARS LAST	,	IF UNDER I YEAR	
)	Noi	RTHPLACE (STATE OR FOREIGN PLTTY) Dekota	76. CITIZEN OF WH.	AT COUNTRY?	MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	9. BALTIMORE CITY Prince G			nty MD.
8		anham	11. NAME OF HOS (IF NOT IN SUCH FAIL DOC TOT	PITAL, NURSIN CILITY, GIVE STREET A	G HOME C	Pr. Geo. Co.	120. USUAL OCCUP.	ATION STOF WORKING	LIFE) 12b. KIND INDUSTRY SCHOOL	OF BUSINESS OR
35	13a S	AL RESIDENCE (IF NURSING HOME) TATE LIARYLAND PT		RESIDENCE BEFORE CITY OR TOWN Greenbe		13d INSIDE CITY LIMITS? YES X NO ['8 KES APPEN	S Way F	Road	20770
S can	14. FA	THER'S NAME William	p. Sine	clair		Ethel	N •	Sj	inclair	AST
medical		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATEST	70 01 8		17. INFORMANT Edmund B. Ha		oress ame as	s #13	(Husband)
s any injury, ar ather traumat	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICAL 19a. DATE OF OPERATION	DUE TO, OR AS (c) TO CONDITIONS CONT COMB	rody	NCE OF	NOT RELATED TO THE TERM WAS PERFORMED	INAL DISEASE OR CO	ONDITION G	IVEN IN PART I	ONGS USED
ar Item 18 show	MEDICAL CERTIF	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OI LIF EITHER, NOTHY MEDICAL EXAN 21d. IN JURY OCCURRED	HOUR A.M. P.M. 21e PLACE OF	MONTH DA	19	21t. HOW INJURY OCCURI			YES DE PART 1 OR PART 2)	NO STATE
em 21 is marked	W	WHILE NOT WHILE AT WORK The I certify that III (the house) 120. SIGNATURE		rceased from	<u>63</u>	nd that in my Dur primon	2 to	/ 12		E, that (1) (we) last we causes stated
MPORTANT: If hem		22d. PHYSICIAN'S NAME (T	react!			ATTENDING	DIRECTOR PHY		Feb	.14,1983
Υ		BURIAL, CREMATION, REMO	2/17/83			EMETERY OR CREMATORY Washington Ce		ville	Pougy.	Md. STATE

74. FUNERAL DIRECTOR
F. Gasch's Sons F.H. P.A. Hyattsville, Md.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

J	1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. 1	NO		
-		CEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
		JAMES	E	HAWKI	INS	FEB	RUARY 2	1, 1983	3 1109
	J. SE	MALE	4. RACE BLACK	5. DATE C	OF BIRTH RCH 16, 1930	6. AGE (IN YEARS LAST E	YRS.		HUNDER 24 HRS
5	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRYVIRGINIA	76. CITIZEN OF WHAT CO UNITED STAT		NEVER MARRIED D	9. BALTIMORE CITY PRINCE G	OR COUNTY OF		
7		NDREWS AFB	MATCOLM CGRE		DROTHER INSTITUTION EDICAL CENTER	12a. USUAL OCCUPA		126. KIND OF	BUSINESS OF
7	USU/ 13a M	AL RESIDENCE (IF NURSING HOME OF ARYLAND 13PR)	OR OTHER INSTITUTION, GIVE RESIDENT TO THE RES		13d, INSIDE CITY LIMITS?	271ETT ADDESS	FORT HI	LLS CT	20744
1		AVID BROWN	WIDDLE	LAST	15. MOTHER'S MAIDEN NA HATTIE	SCOTT MIDDLE	W.	LAST	
	16a. V	VAS DECEASED EVER IN U.S. A ESOORUNKNOWN) (194		323698	17. INFORMANT LUTGARDA	HAWKINS	FRIENBL	FORT 2	28744
		PART I. DEATH WAS CAUS Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	A PORTUNAT	JARY ARREST FARDIOMYAPATH E KIDNEY FA	e failure Llyre pulm	ONARY E	253	brs
	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT			200 AUTÓPSY?	20b. IF YES, W	VERE FINDING	
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EAIR	NTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY		ZII LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
			rital) attended the decease FEBRUARY 2]		d that in (my) (aur) apinian	death accurred on the			at (I) (we) las
		Mis SIGNATURE	Calle	~	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	AFF ICIAN 🗌	22c. DATE SI	GNED
		274 PHYSICIAN'S MAME (TYPE			22e. ADDRESS	II WOAR ACT	CAT OFFI	HED 447	77. 10
	P	AUL SALBERT, C	API, USAF MC		MALCOLM GRO	W USAF MEDI	CAL CEN	LEK AAL	B MD

23c. NAME OF CEMETERY OR CREMATORY

Arlington Nat. Cem.

BP.

TO FUNERAL DIREC should be detact MPORTANT

DHMH - 16 50M 4/82 (VRA 15, 4)

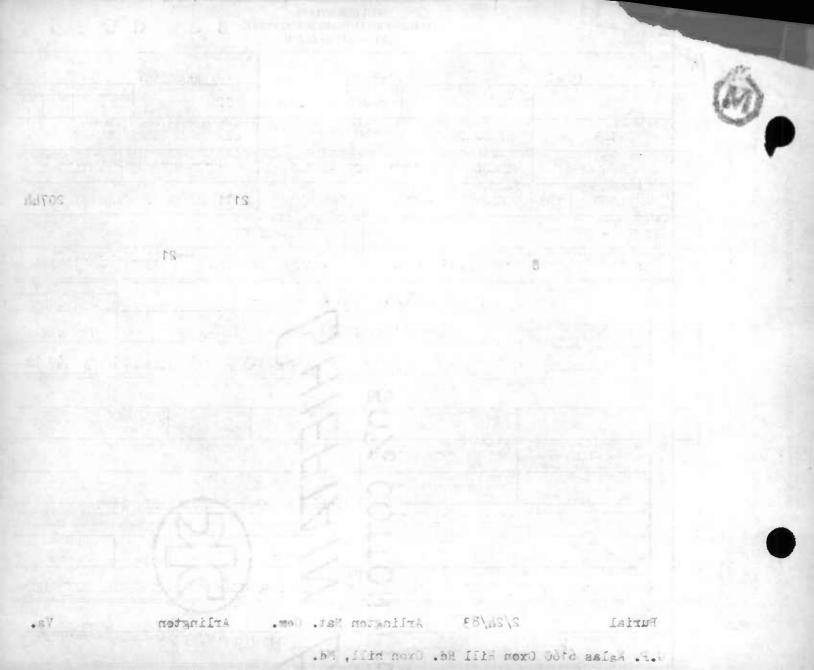
24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

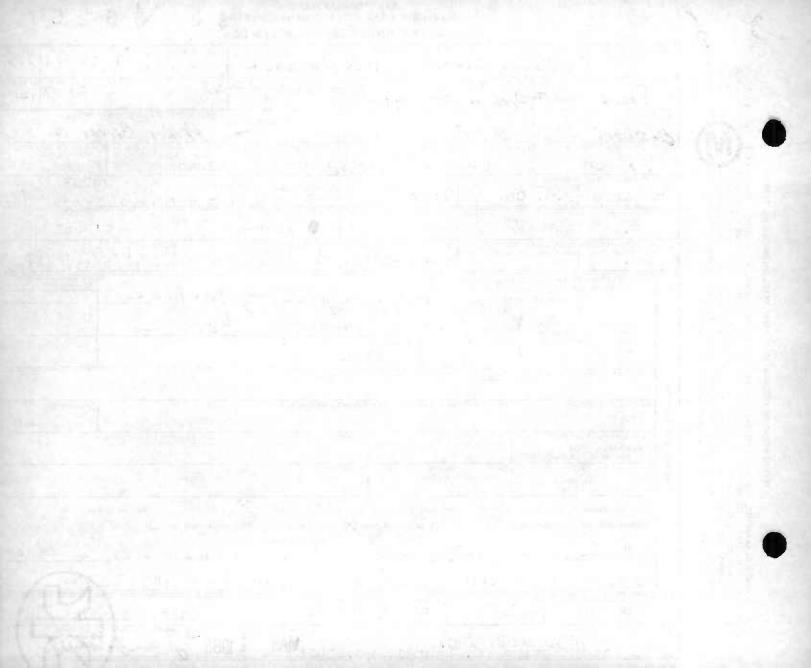
G.P. Kalas 6160 Oxen Hill Rd. Oxen hill, Md.

2/24/83

23d LOCATION



6			STATE OF	MARYLAND	619
2	1.	FOR STATE	DEPARTMENT OF HEALT	TH AND MENTAL HYGIENE 3	5 2 5 5
0 1	1	REGISTRAR	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	9
P	1. DE	CEASED NAME TIRST	WIDDLE		ONTH DAY YEAR 26. HOUR
WWW.	(TYI	Barbara	Ann Ha	Yhllane DEATH MATED	2 25 /3/101
ESESE	3. SE:		.,	1-9	19 M
No. 5%	3. SE.	HATE MONTH	DAY YEAR LAST BIRTHDAY) MON	NTHS DAYS HOURS MIN PRONOUNCED	2 25 0 2d. HOUR
8250 E		I EMHLM HER	4 4, 1941 - YRS.	DEAD	19 M
Sea Season		IRTHPLACE (STATE OR 76 CITIZE	N OF WHAT COUNTRY? 1 8. MAR	RIED NEVER MARRIED 9. BALTIMORE CITY OR C	OUNTY OF DEATH
A Price of	1	1550UPi	S.A. WIDO		STOKER B. MD.
2 IMI	10. C		OF HOSPITAL, NURSING HOME, OR OT		
A REST		(IF NOT	INSUCH FACILITY, GIVE STREET ADDRESS	Sp 1+ Cleaning	Homes
DO THE STATE	IJSIJ	AL RESIDENCE (IF IN NURSING HOME OR OTHER INST	ITHITION GIVE RESIDENCE REFORE ADMISSIONS	Cleaning	
E, MD. 21201 ATH. IF ANY DE SS. 1, 2, AND 31. PM. 3. RETAIN ND 2 SHOULD ND 2 SHOULD	13a. S	TATE 1136 COUNTY	13CCITY OR TOWN	13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	20707
2 A A B D B	M	aryland P.G. Co.	Laurel	YES & NO 1 406 A2~	strong of.
MD. 21201 IH. IF ANY 1, 2, AND: 3. RETA M. 3. RETA	Mar.	ATHER'S NAME FIRST MIDDLE	LAST	15. MOTHER'S MAIDEN NAME	LAST
DRE, M DEATH, M PM M PM AND2 OF VITA		J. Robert	Burns	Florence	O'Neal
BALTIMORE, RS AFTER DEATH GIVE PAGES WITH FORM PI C. PAGES I ANI DIVISION OF VI	160.	WAS DECEASED EVER IN U.S. ARMED FORCE	ES? 166. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
AT A SECOND	0	ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATE	500-44-1355	J. Robert Burns New Po	N. Ave. Apt16
S A GIV	\vdash			10. Robert Burns New Ro	ochelle, NY108
: 203-0		18 CAUSE OF DEATH (Enter only one cous PART I DEATH WAS CAUSED BY:	e per line for (o), (b), ond (c).)	1 1 1 1	BETWEEN ONSET AND DEATH
PRESTON ST., THIN 24 HOUR CIL IN TEM 18, VER ALONG W VER ALONG W ALWST PERMIT. AL HYGIENE, D REMOVAL.		MMEDIATE CAUSE	o) Condia re	shirator failure	
STO A PLO A		9505 (DU	TO, OR AS A GONSEQUENCE OF		
VITHIN VCIL IN		Conditions, if ony, which	2nd pra	hym, office	
× >35€58		gove rise to immediate couse (a) stating the under-	E TO, OR AS A CONSEQUENCE OF	1	
201 W. PRESTON ST UTED WITHIN 24 HOU IN PENCIL IN TEM 1. EXAMINER ALONG RIAL - TRANSIT PERMI OMENTAL HYGIENE, ON, OR REMOVAL.		lying couse lost.	TO DUOS OLO	26	
M ⊃=m=00			c) 10 0000000		
BIVISION OF VITAL RECORDS, SCRTIFICATE SHOULD BE EXEC RITING THE WORD "REDIOAL RE 3 SHOULD BE USED AS A BUR ET SHOULD BE USED AS A BUR TO PRIOR TO BURITH AND OI PRIOR TO BURIAL CREMATIO	-	PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTION	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA	ASE DR CONDITION GIVEN IN PART 1 (a).	
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VITAL RESHOULD ORD "PE CHIEF A LUSED." URILL, URILAL,	CERTIFICATION	190 DATE OF OPERATION 198	CONDITION FOR WHICH OPERATION	WAS PERFORMED?	20. AUTOPSY?
F VITA E SHO WORD WORD E CHIE INTOF	E	Control of the second			YES NO
F W S S S S S S S S S S S S S S S S S S	1 2		TIME OF INJURY 21c. 1	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART	OR PART 2)
N A H H H H H H H H H H H H H H H H H H	1 4	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	DUR A.M. MONTH DAY YEAR		
SHO TO TO THE PRIOR	MEDICAL		P.M. 19 PLACE OF INJURY (ATHOME. 21f. LI	OCATION	
DIVISI S CER RATINA RDED 3E 3 SI TE DEP	ME	WHILE IN NOT WHILE IN	TREET, FACTORY, FARM, ETC.)	STREET CITY OR TOWN	COUNTY STATE
HIS WR		AT WORK AT WORK			
DIVISION OF VITAL RECC WER: THIS CERTIFICATE SHOULD BE CATE, WRITING THE WORD." "FEND FORWARDED TO THE CHIEF MED OR, RACE 3 SHOULD BE USED AS HE STATE DEPARTMENT OF HEAT IND, 21201 PRIOR TO BURIAL, CRE		220. I certify that I took charge of the re-	noins described above, held on Auto	ppsy , Inspection Inquiry , and in	my opinion
L EXAMINER: 1 E CERTIFICATE, DULD BE FORV I, DIRECTOR: FI, WITH THE SI MARYLAND, A					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
AAA STEE STEE		death resulted from: Notural couses	LI, Accident LI, Suicide D	Homicide . Undetermined monner .	
X B325		ACTUAL SA A	2 . 6 8 . 11	TITLE (SPECIFY)	DATE 2 - 74 - 83
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MEDIC CUTE 38 4 8 FUNE TIMOR		EXAMINER'S NAME 6632	and the	1 Rladareh . 100	9 7/10
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECT AFTER DEATH, WITH TI BALTIMORE, MARYLA		(TYPE OR PRINT) 5832	annaponsole	ADDRESS CALINS BUT MO	C0/(L)
574548	23a. B	URIAL, CREMATION, REMOVAL 236 DATE	23c. NAME OF CEMETERY	OR CREMATORY 23d LOCATION	. COUNTY STATE
BP	1	SPECIFY) Burial 3/2/	83 Calvery Ce	emetery St. Louis, M.	issouri
	24. F	UNERAL DIRECTOR		250. DATE REC'D. BY REGISTRAR 260 REGISTR.	AR'S SIGNATURE
DHMH - 17 (VR A15 ME (5))	F	LECK FUNERAL HOME 601 Sandy Spring	ADDRESNC.	207 MAR 1 1983 Jan	I Comela
20M 4/82		our Sandy Spring	Rd. Laurel, Md.	20707 1 1300	



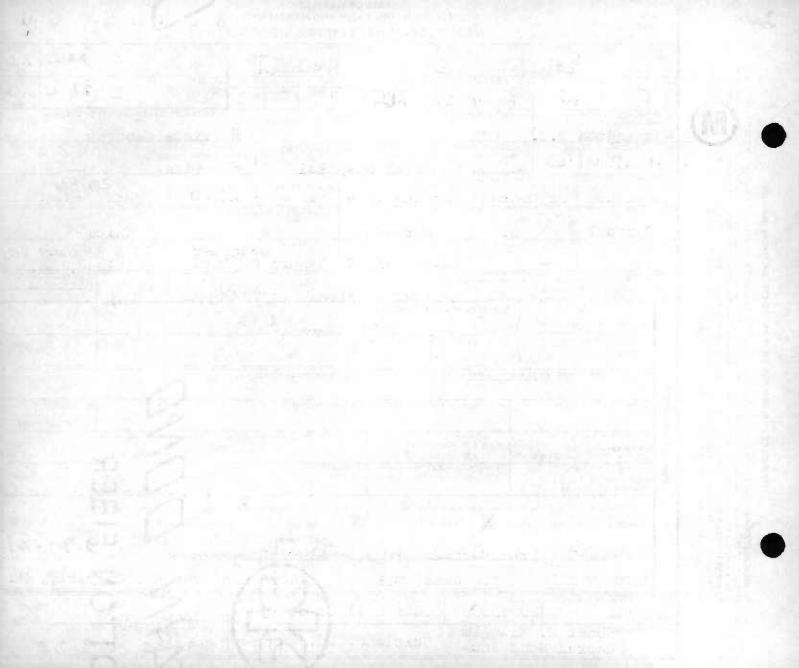
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PARTIE LINE J. BILLIN LINE BEAR

to		FOR			DEPARTMEN		MARYLANTH AND ME		YGIENE 3	0	5	2 5	1
110		STATE REGISTRAR		ME	DICAL EXA	MINER'S	CERTIFIC	CATEO	F DEATH	REG. N	0.		
8	1. DE	CEASED NAME OR PRINT)	FIRST	F 11 18	MIDDLE		LAST		20. DA O DEA	TE KNOWN	HINOM	DAY YEAR 5- 1983	26 HOUR
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5	Ma	aryland		U.S.A		WIDO	OWED 🗆	DIVORCE	D Pr	ince Ge	orge's	Count	WD.
4		TY OR TOWN	OF DEATH		SPITAL, NURSING ACILITY, GIVE STREET AL	DDRESS)				CUPATION (TY WORKING LIFE)	PE OF WORK	OR INDUST	TRY
÷			(IF IN NURSING HOME O	OR OTHER INSTITUTION,	DIVE RESIDENCE BEFORE	ADMISSION)		-					711-
5	130 S Ma	tate aryland	P.G.		Laurel	OWN	134. INSIDE CIT	NO 🗆	South	DRESS Laurel	Drive	207	98
7	14. FA	ATHER'S NAME		WIDDLE	LAST		15. MOTHE	R'S MAIDEN	NAME	WIDDLE	100	LAST	444
0		Scott	P	-	Henderso	n		eresa		М.	Bla	ankensh	ip
		VAS DECEASE	DEVER IN U.S. AR	MED FORCES?	166. SOCIAL S	ECURITY NO.	17 INFORM	TAANT		ADDRES	S		
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3		79	MMEDIA	TE CAUSE (a)	Sudden I		dealn_s	Àtiaro i	ше				
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditio	ns, if ony, which		R AS A CONSEQU	DEINCE OF							
- RE		gove ri	se to immediate	(b)					EL ON				
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		7.0		(c)									
	z	PART 2 OTHER 5	GNIFICANT CONDITIONS	CONTRIBUTING TO OEAT	H BUT NOT RELATED TO	THE TERMINAL OIS	EASE OR CONDITION	GIVEN IN PART	T 1 (a).				
	1 8	19a DATE OF	OPERATION	TIPL COND	ITION FOR WHIC	H OPERATION	WAS PERFOR	MED?				20 AUTOPSY	(?
1	5											wee do	D
-	CERTIFICATION	71a EYTEDNI	AL CAUSE WAS	ZIE TIME C	SE INJUINA	21.	HOW INJURY	OCCUPER	> FINTED MATINE	OF IN HIRV IN ITE 10	R PART 1 OR BAR	YES X	NO []
3		UNDERLYING	G OR	HOUR A.	M MONTH DAY	YEAR	TADOR II ANDRI	OCCURREL	> felates lawlose o	A HAJORI HA HEM IS	JIARI I OKTAR		
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4		SIGNATURE	-1/1 1	DI CO		W.	.» Depu	ty Ch	LEM EDICALE	XAMINER	SIGNE	2-7-83	
-		EXAMINER'S	NAME		1	1	1						
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	23o. B	URIAL, CREMA	TION, REMOVAL	236 DATE	23c. NAME	OF CEMETER	Y OR CREMATO		23d. LOCATIO	N	COUN	ITY	STATE
	1	Burial		Feb/10/8	Cole	eman Ce	metery			t, Buch			
	24. F	UNERAL DIREC						250. DATE R	EC'D. BY REGIS	TRAR 25 REC	CICYD A DIC CI	LOSA LA TILIDE	A
)	Ch	name ambera	Funeral	Home Ris	verdale,	Marvla	nd	FFR	1 8 1989	to C.	and.	Court	
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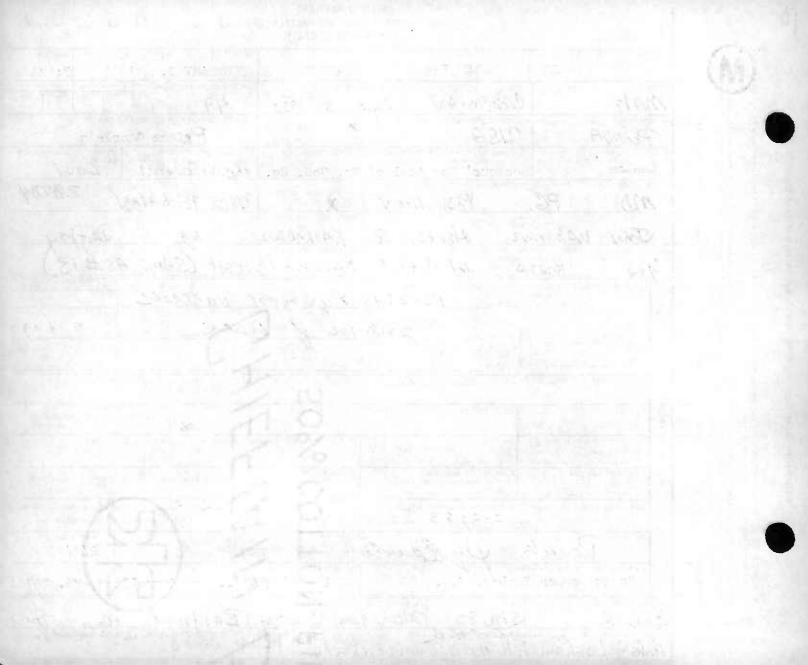
TV-T-.... Charles (Mather) Created - very -range I un ram Co. ; Virginia Considers came of Dogs Provided, Maryland - Mr. B 18 091

3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 1. AS BIRTHDAY 1. DEATH MATED 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) WAShington D.C. USA 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 1. AS JEBRIHDAY MONTHS DAYS MIN. PRONOUNCED DEAD 7. BALTIMORE CITY OR COUNTY PORCION PRINCE George 1. DEVER MARRIED 1. DIVORCED Prince George 1. DEVER MARRIED 1. DIVORCED Prince George 1. DEVER MARRIED 1. DIVORCED PRINCE GEORGE 1. DIVORCED PRINCE GEORGE PRINCE GEORGE 1. DIVORCED PRINCE GEORGE PRINCE GEORGE PRINCE GEORGE 1. DIVORCED PRINCE GEORGE PRINCE GEORGE PRINCE GEORGE PRINCE GEO	AS MD.
1. DECEASED NAME 1. DECEASED NAME FIRST MIDDLE LAST 2a. DATE KNOWN OF ESTI-DEATH MATED	27 83 7-34 M 19 YEAR 24 HOUR 22 23 8 SA OF DEATH
3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDACY PRONOUNCED DEAD 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED PRINCE George WIDOWED DIVORCED Prince George 110. CITY OR TOWN OF DEATH HULL LELand Memorial Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE MARYLAND 136. CITY OR TOWN 136. CITY OR TOWN 136. LISTOR 137. CITY OR TOWN 136. LISTOR 138. STREET ADDRESS YES NOD 14. FATHER'S NAME	19 VEAR 2d HOUR 22 19 YEAR AM AMD.
Total Birthplace (State or Foreign Country) Total Country	OF DEATH 25 MD. 26 KIND OF BUSINESS
FOREIGN COUNTRY) Washington D.C. USA WIDOWED DIVORCED Prince George 1D. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS) 136. STREET ADDRESS 24 14. FATHER'S NAME 15. MOTHER'S NAME	OF DEATH S MD. 2b. KIND OF BUSINESS
11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK 12) FOR MOST OF WORKING LIFE) 121. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 122. USUAL OCCUPATION (TYPE OF WORK 12) FOR MOST OF WORKING LIFE) FOR MOST OF	26. KIND OF BUSINESS
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14. FATHER'S NAME	0782
FIRST MIDDLE LAST FIRST MIDDLE	Flace
Carroll L. Herbert Reba Whit.	LAST LE
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160. SOCIAL SECURITY NO. 17. INFORMANT Daughter 3808 R	Regency Pky
NO 577-20-2936 Sandra Puglisi Suitla	approximate interval
Conditions, if any, which gave rise to immediate couse (a) stating the under-lying cause last. DUE TO, OR AS CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2	20. AUTOPSY?
	YES NO 2
UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK OUNT WHILE AT WORK OUNT STREET, FACTORY, FARM, ETC.) STREET STREET STREET CITY OR TOWN COUNT	TY STATE
22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion death resulted from: Natural causes . Accident , Suicide , Hamicide , Undetermined manner ,	ion
ACTUAL SAID A. DARR M. DEPUTY MEDICAL EXAMINER SIGNED	2-22-23
EXAMINER'S NAME SAid A. Daee, M.D ADDRESS 6490 Landover Rd. Che	verly, Md
22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apining death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE SAIT A DASK , M.D. DEPON , MEDICAL EXAMINER SIGNED EXAMINER'S NAME SAID A. Daee, M.D. ADDRESS 6490 Landover Rd. Cherology (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY BURIAL 25Feb83 Cedar Hill Cemetery Suitland PG	Md
24 FUNERAL REGISTRAR 256 REGIS	NATURE



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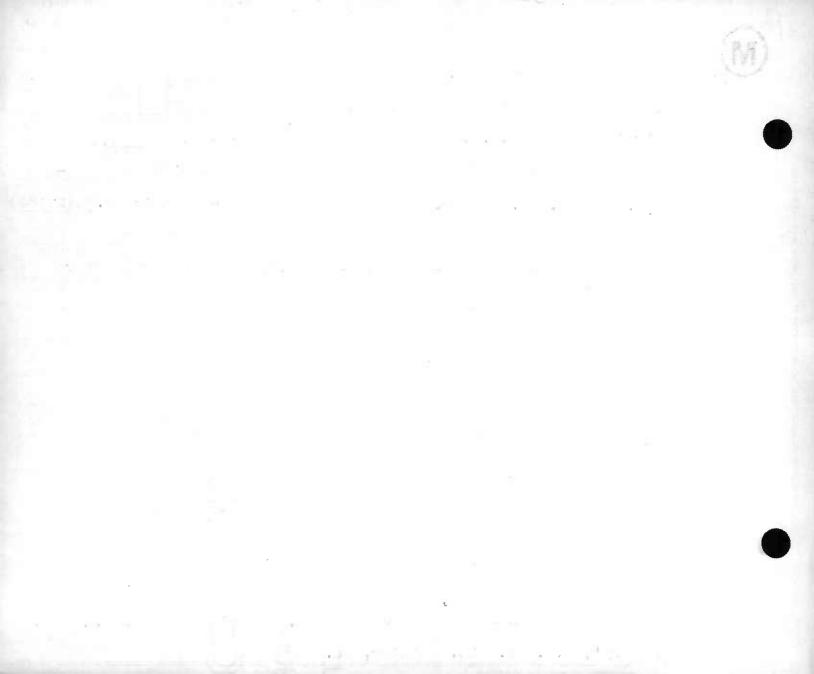
et	FOR 1 - STATE REGISTRAR		DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE B	0 5	5 2	6 0
	DECEASED NAME	FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
M)	THE SAVARATY	MARTHA	D.	HIGGINS		02 02	83	1:00AM
3	SEX F	4. RACE	e V	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY] IF UN MONTH	DER 1 YEAR	IF UNDER 24 HRS
\$3	BIRTHPLACE (STATE OR F COUNTRY)		NOF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEO			MD
94	CHEVERLY		E OF HOSPITAL, NURSING GEORGE GE	G HOME OR OTHER INSTITUTION NERAL HOSPITAL	12a USUAL OCCUPATI			F BUSINESS OR
34	SUAL RESIDENCE (IF NURS	OR OTHER INSTITUTE	TUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOW	ADMISSION) N 13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	WYE	2	0794
20 mine	Seorge Seorge	PRODLE	Artit	15. MOTHER'S MAIDEN I	NAME SADDLE	2	D LAS	vis)
redicol 2	WAS DECEASED EVER	IN U.S. ARMED FORG		RITY NO. 17. INFORMANT	ADDRE 172	ss null	Bu	of land
ior to buriol, cremotion, or rem y injury, or other traumotic ev	Conditions, if ony, gove rise to imm cause (a), statin underlying cause	which mediate ag the last.	TO, OR AS A CONSEQUE 16) TO, OR AS A CONSEQUE (c) INS CONTRIBUTING TO I	NCE OF	RMINAL DISEASE OR CON	DITION GIVEN II		7-
Sows ony	19a. DATE OF OPERA 21a. ACCIDENT WAS UNIT	110N 1196. C	ONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO P	IN CERTIFYING	G CAUSES	OF DEATH?
-/ /	OR CONTRAINUE I	CAUSE OF DEATH HOL	TIME OF INJURY UR A.M. MONTH DA P.M.	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
rked or h	(IF EITHER NOTIFY MEDI-	HILE (AT HO	PLACE OF INJURY OME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
ORTANT: I Nem 21 is min	sow the deceos above, (1) (we) is 27% SIGNATURE 274 PHYSICIAN'S N	ed ofive on 2 did: (did not) view the	ded the deceosed from	DEGREE ATTENDING PHYSICIAN 12. ADDRESS	4	ate and hour and		
	B BURIAL CREMATION	REMOVAL 13% DA	7/93 7	NAME OF CEMETERY OF CREMATOR WHITH ONE 134	R 10 983	Set Contract	910 G	mil

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		CEASED NAME E OR PRINT)	Marg	aret	S.	Н	insor	1 1		20. DATE K OF DEATH	ESTI-	2- 20	NAY YEAR	26 HOUR
	3. SEX	emale	black	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY 54 YRS	MONTHS		URS MIN.	S. 2c. DATE PRONOUNDE		2- 42	0 1983	12:12
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0		INTON	OF DEATH	11. NAME OF HOS SOUTHERN	CILITY GIVE ST	REET ADDRESS)			FC	SUAL OCCUP OR MOST OF WORK torial	ING LIFE)		OR INDUST	RY FFD.
5	13a S	I RESIDENCE	IF IN NURSING HOME 13b COUN UPPER	OR OTHER INSTITUTION, GI		OR TOWN	1	34 INSIDECITY LII		TREET ADDRES			2077	
0	14. FA	THER'S NAME FIRST MAR	ION RAY	WIDDLE	ı.	AST		5. MOTHER'S FIRST NORA	MAIDEN NAM	MID	DLE		LAST	
1	16a. V (Y		EVER IN U.S. AR	RMED FORCES? E WAR OR DATES)		36 216		7. INFORMAN	IT	/daughi			OLD MI	
AL, CREMATION, OR REMI	NO	gove ris couse (o) lying cou		e / (b)		SEQUENCE O		OR CONDITION GIVE	EN IN PART 1 (a).					
Z S S S S S S S S S S S S S S S S S S S	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR V	VHICH OPERA	TION WA	S PERFORMED)?				20. AUTOPSY	PNO P
3		UNDERLYING	OR CAUSE OF		. MONTH	DAY YEAR	21c HO	W INJURY OC	CURRED (ENT	ER NATURE OF INJU	RY IN ITEM 18 PAI	RT 1 OR PART 2]		
	MEDICAL	21d. INJURY C WHILE AT WORK		21e PLACE (STREET, FAC	OF INJURY FORY, FARM, ET		21f LOC	ATION BEET		CITY OR TOW	N	COUNT	٧	STATE
BALTIMORE, MARYLAND, ZI		220 certification deoth results ACTUAL SIGNATURE Territory Territor	y that I took char ad from: Note	ge of the remoins desprod couses X,	Accident	M.D.	M.C	Homicide TIME (SPEC	IFY) MI	determined mor	nner .	DATE SIGNED	on 2- 270 gs, Md	· 83
. A	23a.B	URIAL, CREMA BURIA	TON, REMOVAL	23b. DATE 2-25-6	50 /	A R				LOCATION TO THE PARTY OF THE PA	DOVE	COUNTY	MI	TATE
5))	24.5	HARAL DIREC	NS 4	1339 DORES	411	1 +	21	VE 250.		BY REGISTRAN	251 REGIST	RAR'S SIGI	Shiels	2

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME O. DATE KNOWN IX MONTH (TYPE OR PRINT) Juan 2-2-1.83 M. Holman DEATH MATED AGE (IN YEARS IF UNDER 1 YR. 4. RACE SEX IF LINDER 24 HRS DATE LAST BIRTHDAY) PRONOLINCED ...83 June 10.1963 DEAD Male Black 1 9'RS 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED X Prince George's Co. Washington, USA D.C WIDOWED -DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Prince George's General Hospital unemployed Cheverly USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 136. COUNTY 13d. INSIDE CITY LIMITS? District of Columbia Washington NO [5333 Clay Terrace IS. MOTHER'S MAIDEN NAME LAST Herbert Holman Shirley Graves Mrs. Shirley Holman mother -5333 Clay Terrace, N.E. Washington, D.C 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 92 5800 no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: Cranio-cerebral injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A B 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? E SHOULD BE FORWARDED TO THE CHIEF THERAL DIRECTOR; PAGE 3 SHOULD BE USED BE LEATH WITH THE STATE DEPARTMENT OF HE TIMORE, MARKLAND, 21201 PRIQR TO BURIAL, YES X NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2 HOUR A.M. MONTH DAY YEAR Driver in auto/truck impact CONTRIBUTING CAUSE OF DEATH 7:49km 2-2- 19 IF LOCATION TIE. PLACE OF INJURY (AT HOME, road road Bladensburg Road & 40th St. Cottage City, M NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian Hamicide death resulted fram: Suicide Undetermined manner TITLE (SPECIFY) ACTUAL 2-3-83 Assistant SIGNATURE MEDICAL EXAMINER AFTER DIE BALTIMOI 111 Penn Street, Baltimore, Md. Hormez R. Guard, M.D. EXAMINER'S NAME TYPE OR PRINT × 0 73s BURIAL CREMATIS EMENAL 776 DATE 73c NAME OF CEMETERY OR 23d. LOCATION Park Landover, Maryland Burial Memorial **DHMH - 17** (VR A15 ME (5) Stewart 20M 4/B2

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		CEASED NAME E OR PRINT)	Mar	4	MIDDLE	He	1Stp	20	20. DATE KNOW OF ESTI- DEATH MATEL	_ ^	PAY YEAR	3 7.47
	3. SEX	F 1.R	ACE W	Nov. 15,	1.904 6. AGE (IN 78 BIRTH	PAY) MONT		UNDER 24 HRS.	PRONOUNCED DEAD	MONTH	II S	3 7-4
0	7a. Bl	RTHPLACE (STATE OF REIGH COUNTRY) THE CATO THE COUNTRY)	Lina 7	b. CITIZEN OF WH	IAT COUNTRY?	8. MARR WIDOW	IED NEVER	ONORCED -		Georges		ME
4	ny ci	Laure	el I		PITAL, NURSING HOA LAUTET BET				UAL OCCUPATION	(TYPE OF WORK	extile	TRY mill
5	130. S		HOWATO	OTHER INSTITUTION, GIV	RESIDENCE BEFORE ADMIS	SION)	13d INSIDE CITY L	LIMITS? 13e ST	REEL ADDRESS 82 Lincol	n Stree	t Box	271
3	14. FA	THER'S NAME FIRST	,	MIDDLE	20763 LAST		15. MOTHER'S	MAIDEN NAM	E MIDDLE		LAST	
2	16a W	AS DECEASED EVI S. NO. OR UNKNOWN)	(IF YES, GIVE WA		166. SOCIAL SECUR 243 01. 92		Jack N		ame as ab			
	No	cause (a) stat lying cause la	a immediate ing the <u>under</u> st.	(b)	AS A CONSEQUENCE	OF	E DR CONDITION GIV	emal ven in part 1 io).	faile	ne		
943	FICATIO	19a DATE OF OPE	RATION	19b. CONDIT	ION FOR WHICH OP	RATION W	AS PERFORME	D?			20 AUTOPS	
3	MEDICAL CERTIFICATION	210. EXTERNAL CA UNDERLYING CONTRIBUTING	OR		INJURY . MONTH DAY YEA	AR 21c. He	OW INJURY OC	CCURRED (ENTER	NATURE OF INJURY IN ITE	M 18 PART 1 OR PART		NOL
	MEDIC	21d. INJURY OCCU		21e. PLACE C			CATION		CITY OR TOWN	COUP	AIA	STATE
2		27a I certify the death resulted from ACTUAL SIGNATURE STAMMER'S NAA (TYPE OR PRINT)	om: Natural	N	Assure held an Accident , s	Autap	Hamicide TITLE (SPEC	CIFY) 7	Inquiry , termined manner [DATE SIGNED	7-1	245
2	23o.B	JRIAL, CREMATION	REMOVAL 236.	eb.15, 1	983 Fort L	emetery o	n Cemet	ery Br	ocation (entwood,	Maryfan	ď	STATE
7 (5))	24. F1	NAMDonald		eral Home	, Laurel,	Md	250.	FEB 22	Y REGISTRAR 24	REGISTRANS	Sware !	

INT IMPER, TE WAI an zone santa ofth allies to more than a some the allies to the state of the state o uprestion | reals, 1981 met Macche Deuters Deeplant, Deplant ogaldson Eugeral Jone, Laurel, nd

	- S	OR TATE EGISTRAR			DEF	ARTMENT OF	E OF MARYLAN TEALTH AND MI FICATE OF DE	ENTAL HYGII		()	5 2	6 6
m. 5	1. DECE	ASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEAT		DAY YEAR 28	HOUR
poge 3			Roy .		inwoo		ughes			9-83		12.17
4 moy	3. SEX			4 RACE		5. DATE	OF BIRTH DAY	YEAR	AGE (IN YEARS LA	T BIRTHDAY)		UNDER 24 HRS
irect WIS		Male		Whi			-22-12		70	YRS.		
death. Page	7a. BIRTH	IPLACE (STATE C	RFOREIGN	76. CITIZEN OF	WHAT COUN	MARRIE	D MEVER MA	ARRIED -	BALTIMORE CIT	Y OR COUNTY	OF DEATH	
8 3/E 205		or TOWN OF D	5.4711	U.	S. of		The same of the sa	DRCED 🗍	Princ	e Geor	ge's Co	
offer deo	IU. CITY	OK TOWN OF D	EAIH	(IF NOT IN SU	CH FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTIT	UTION	12a USUAL OCCUI		128. KIND OF E	SUSINESS OR
ors of file	Cli	nton, l	Md.	Sout	hern	Maryla	I 136. INSIDE CITY	ital	Office	Mang.		r. Co.
filled in ould be	130. STA	TE	T36 COUN	ITY	13c. CITY OF	TOWN	136. INSIDE CITY	Y LIMITS?	3e. STREET ADDRE	ss Zip:	2066	4
shouler the street of the stre	PIG	ER'S NAME	Char	les	New	burg	YES NOTHER'S A	· A	Route	1, Ro	x 16A	
The detail		FIRST	A	MIDDLE	145		FIR		MIDD	E	LAST	
de Comp		lliam DECEASED EVE		orge		security NO.	Laura 17. INFORMAN		AF	DRESS	Payn	
Poges medico		NO OR UNKNOWN)	(IF YES, GIVE	E WAR OR DATES)			17. INFORMAN	W-U.S.	~	San	ne as #	13
opers. Po	Ye	es	11944	-1946	226-0	7-1036	Jeanne	e R. H	lughes-l	Vife	APPRO	
equires that the death ce in signed by the ottending Then please remove carb to burial, cremation, or r injury, or other troumatic	P.	Conditions, if or gove rise to in ouse (a), standardying could ART 2. OTHER SIG	nmediote ting the se lost.	DUE TO, C	Push	SEQUENCE OF	MOT REPLIED TO	THE TERMIN	leron Awardisease or c	ONDITION GIV	EN IN PART 110	t~
N. The law re hysicion. Icote hos been ronsit permit. I Hygiene prior 18 shows any ii	TIFIC	DATE OF OPER				VHICH OPERATIO	N WAS PERFORM		YES NO	IN CERTIF		S USED F DEATH? NO 🗌
A D TO E		B. ACCIDENT WAS U R CONTRIBUTING (IF EITHER NOTIFY ME	CAUSE OF DEAT	TH HOUR A		H DAY YEAR	21c HOW INJU	JRY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18 P	ART I OR PART 2)	
or ottending I After this cert e os the buriol ofth and Menta	WE	d. INJURY OCCU	RRED		OF INJURY FREET, FACTORY, C	OFFICE, FARM, ETC)	21f. LOCATION STREET	1	CITY	DR TOWN	COUNTY	STATE
OR ATTENI e hospitol DIRECTOR: ched for us Dept. of Hem Ifem 21 is		ol certify that	Designative of	the view the body	y ofter death.	19 32	DEGREE		eoth occurred on the			
PITAL by th ERAL e dete State	37	a passierans	NAME VIA	PRINT	the	V/	PH 122a ADDRESS	V	MEDICAL PH PH PH PH PH PH PH PH PH PH PH PH PH P		tal Cen	ter
TO HOSP etoined by TO FUNE should be with the S		Mridu	a Sin	igh, M	D		Clint	on Mo	207			
	23a. BUR (SPE			236. DATE			EMETERY OR CR		23d. LOCATION CITY OF TOW	_	COUNTY	STATE
BP	24 51111	Buria ERAL DIRECTOR	1	02/2	3/83	Maryla	ind Vet		Chelte	and the same of th	P.G.	Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)		NAME	unera	al Hom	e, Inc	. La Pl	ata.Md	CED (REC'D. BY REGIST	Han	MR'S GNATUR	X

THEFT COLUMN SAME AND THE SAME 11:21 20-31-1 Molecularia teding sign Virginia Villandi Di Policili. Iripoo Buornels Co. Citaton, MG. | Southern Maryland Morgital Officer Anna. Dinete. stin-sale sar-nv-1 st Jeanne A. Menher-wife tionia Single u.p. - Clinton, Td. 20135 remart Junetel Home, Inc. Da Fluto, Md.

24 FUNERAL DIRECTOR Francis J. Collins

University Blud. W. Silver Spring.

DHMH - 16 50M 4/82 (VRA 15, 4)

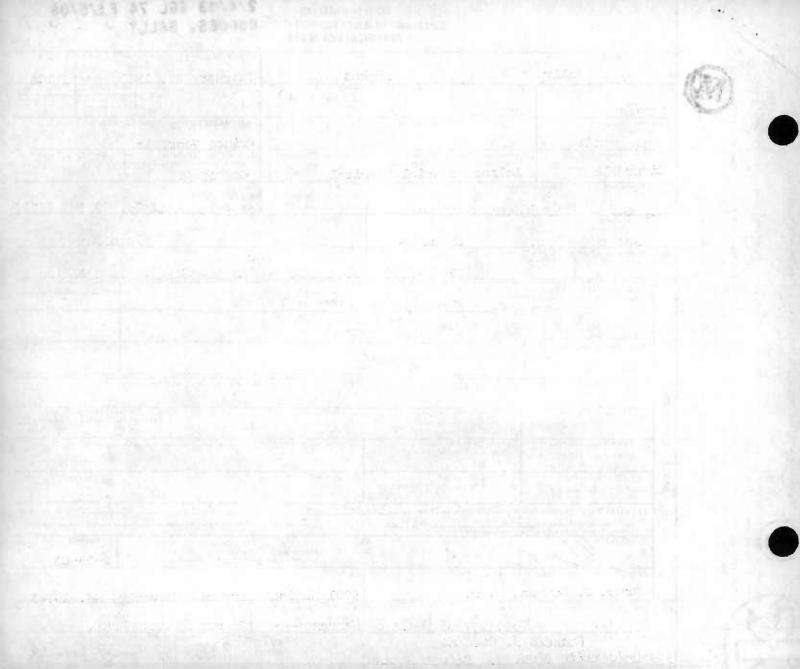
FOR - STATE STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENES GESS SA

2/4/83 BGL 74 E.5/5/08

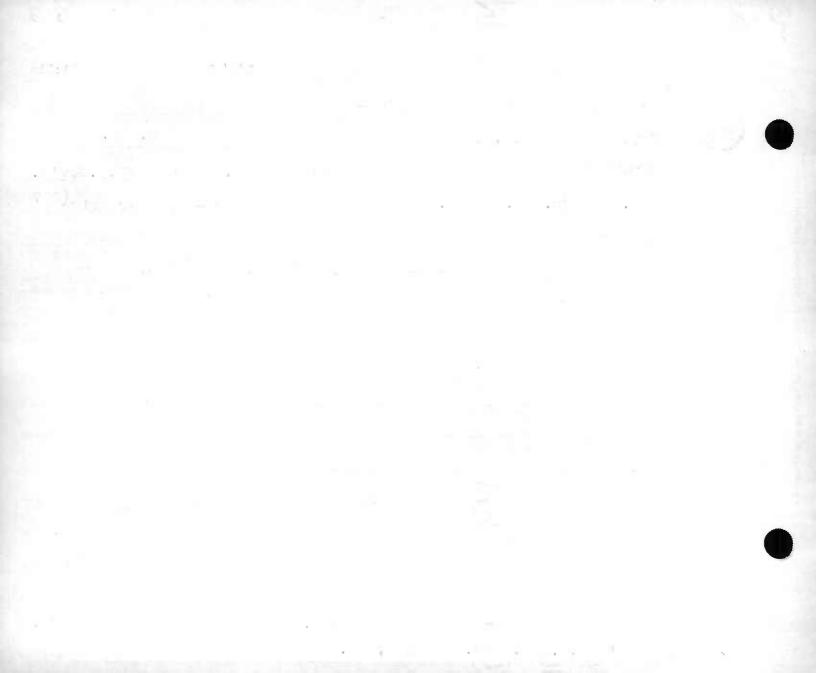
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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h		REGISTRAR CEASED NAME	FIRST	1416	MIDDLE	EXAMIN	EK 3 C	LAST	ATEO			REG.	NO.	ITH DA	AY YEAR	2b. HOUR
		OR PRINT)	Leono	ra High	В.		T.	Iuhn		1	OF DEATH	ESTI-		-18		
3	SEX	14	. RACE	5. DATE OF BIRTH		6. AGE (IN YEA	RS IF UN		IF UNDER 2			MAILD	MON	TH DA	1983 AY YEAR	9:15a
		F	W	5-29-03	YEAR	79 YR		S DAYS	HOURS	MIN. PR	ONOUN	ICED	2-	-18	1983	9:45a
		RTHPLACE (STA	TE OR	76. CITIZEN OF W	HAT COUN		8. MARRIE	ED E NEV	ER MARRIEI	9.	BALTIM	ORE CITY				P • + > GI
		Scotl		U.S.A	•	193	WIDOW		DIVORCE		Pı	. Ge	0.			MD
1		Y OR TOWN O		11. NAME OF HO	SPITAL, NU	IRSING HOME		ER INSTITUT	ION	12a. USUAI	L OCCUP	ATION (1	YPE OF WO	ORK 12b	KIND OF BU	
		yattsvi					St.			H	ouse	Wife)	8		986	
I	3a. 5T	ATE	13P CON		13c. CITY	E BEFORE ADMISSION Y OR TOWN)N)	13d. INSIDE CIT	TY LIMITS?	13e STREET						
		ryland	Prin	ce George	's	Hyatts	<i>r</i> ille		NO 🗆	1409	9 Nic	chols	on S	Stre	et (20	1782)
	1 FA	FIRST		MIDDLE	To	LAST		FIR	R'S MAIDEN		MI	IDDLE		-	LAST	
	6a. W	AS DECEASED	EVER IN U.S. ARA	S. MED FORCES?		onard	NO.	17. INFORM	Annie	8		ADDRE	55	B	owie	
	(YE	s, no, or unknow N	N) (IF YES, GIVE	WAR OR DATES)		-07-76		Fra	ncis	C.H	uhn			e ac	ddres	S
-		18. CAUSE OF	DEATH (Enter onl	ly one couse per line						(Hus					APPROXIMAT ETWEEN ONSE	E INTERVAL
		PARTIDEA	TH WAS CAUSED	D BY: TE CAUSE (o)M	yocar	dial Ir	nfarc	tion		, ==0.=				8	EIWEEN ONSE	I AND DEATH
		410	00	DUE TO, OF	R AS A COM	NSEQUENCE C)F									
		gove rise	, if ony, which to immediate	(b)												
	3	lying cause	tating the <u>under-</u> lost.	DUE TO, OF	R AS A CON	NSEQUENCE C	F									
		PART 2 DINER SIGN	HEICANT CONDITIONS	(c)CONTRIBUTING TO DEATN	DUT NOT BELL	ATER TO THE TERM	NAL BIFFACE	0.0 (0.000)								
	N	TAKE E DINCK STOP	III CANI CONDITIONS	CONTRIBUTING TO DEATH	BUT MUT KELA	ATED TO THE TERMI	MAL DISEASE	UK CONDITION	GIVEN IN PART	1 (0).						
	ATIC	19a. DATE OF C	PERATION	19b. CONDI	TION FOR	WHICH OPERA	ATION WA	AS PERFORM	MED?	-	-			20	AUTOPSY	?
	E														YES 🗆	№ П
	CER	210. EXTERNAL		21b. TIME O HOUR A.A		DAY YEAR	21c. HO	W INJURY (OCCURRED	(ENTER NAT	URE OF INJU	JRY IN ITEM	18 PART 1 O	R PART 2)		
	CAL		OR CAUSE OF D	DEATH P.A	۸.	19										
	LAI	WHILE		2 Je PLACE STREET, FAC	OF INJURY TORY, FARM, E	(AT HOME,		TREET		C	ITY OR TOW	VN.		COUNTY		STATE
			AT WORK	, <u> </u>												
		22a. I certify	that I taak charg	e of the remains de	scribed obc	ove, held on	Autops	у 🔲.	Inspection	□ ,	Inquiry		and in my	y opinion	1	
		death resulted	from: Natur	al causes XX,	Accident	, Sui	cide .	Hamici	de 🔲,	Undeterm	nined mai	nner	,			
	.3	ACTUAL	0.	A 0	NAS	1		TITLE (SP					DA	TE O	/10/00	
		SIGNATURE	- DAIL	> /+ ,)	DITI	AL VV)-M.	Deput	- У	MEDICA	AL EXAM	INER	SIC	GNED	18/83	
-	2	EXAMINER'S N	AME Said A	A. Daee,	M.D.			ADDRESS 56	532 An	napo1	is F	Rd. #	4. P	lade	ensbur	o Md
2	3- BI	DIAL CREMATI	ON BEHOVALLA		23c. 1	NAME OF CEM	ETERY OR	CREMATO	RY	23d. LOCA						
	(SF	Creme	ation	2/21/19	83	Ft.Lin	col	n Cre	mato	23d. LOCA CITY OR T	rent	twoo	d P	r.Ge	eo. N	id.
1	24. FU	NERAL DIRECT	OR	ADDRESS	3	200-R.	I.A	VCim	Sa. DATE DE	B 2 5	983	256 (026	SISTRAR	5 SIGN	AZURE	1
	1	Malley F	uneral I	Home Inc.	M	t.Rair	ler	, Md.	1 60		1000	0		0.		7,

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(VRA 15, 4) 7/7B



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTI	FICATE OF DEATH		REG. N	0.		
I. DECEASED NAME	FIRST		MIDDLE		LAST	2a DATE C	F DEATH	MONTH	DAY YEAR	2b. HOUR
, con and a	Eve	lyn	M.	Hu	int			2-7	7-83	1/1
3. SEX		4. RACE			OF BIRTH	6 AGE (IN	YEARS LAST BIF		IF UNDER TYEAR	
Female		Cauc.		Dec.		75		YRS.	MONTHS DAYS	HOURS MH
To BIRTHPLACE (STATE	OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	ED NEVER MARRIED		ORE CITY C	R COUNTY	OF DEATH	
North Care	lina	USA		WIDOW		Prin	ace Ge	eorge		,
10. CITY OR TOWN OF	DEATH				OR OTHER INSTITUTION	12a USUAL	OCCUPAT	ION	12b KIND	OF BUSINESS C
Cheverly		Prince	George G	enera	al Hespital	Reti	red W	aitres	Rest	aurant
UDUAL RESIDENCE (IF P 13a, STATE	NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFOR	IN.	13d. INSIDE CITY LIMITS? YES X NO	136 STREET 736		mount	Ave. 2	20743
4. FATHER'S NAME		MIDDLE	1AST		15 MOTHER'S MAIDEN NAM	ME	WIDDLE		177	AST
James		R.	Funderb	urk	Omy		·····oote		Yat	
60 WAS DECEASED EN		RMED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDR	ESS		
no	(),, 163.01	TE WAR OR DATES!	577-20-	4681	George E. Hur	nt sam	e as	item 1	3	
PART 2 OTHER S	oting the	(c)	R AS A CONSEOU		T NOT RELATED TO THE TERM	INAL DISEAS	SE OR CON	DITION GIV	EN IN PART 1	Ia
0		1								
M DATE OF OPE	KATION	196 COND	II ION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUT	OPSY?		, WERE FIND! YING CAUSE:	INGS USED S OF DEATH?
19a DATE OF OPE	CAUSE OF DE	ATH HOUR A.	DE INJURY M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	YES TERN	NO T		ART I OR PART 2)	NO 🗌
OR CONTRIBUTING (IF EITHER NOTIFY A 21d. INJURY OCC WHILE NO AT WORK	URRED	TIE PLACE	OF NURY	ARM, ETC.)	211 LOCATION	PO.	CITY OR TO	IWN	COUNTY	STATE
220 I certify that	Josep alich of	Teb	deceased from 19 pffer death.		DEGREE ATTENDING	death occurr	STA	FF	and from the	that (I) (we) lose couses stated E SIGNED 8-83
22d. PHYSICIAN	YAME ISM	DEFEINIT	-tan	111.00	22e ADDRESS					
Dr. Ben	iamin S	S. Pecse	n. M.D.		6106 01d Sil	ver H	111 R	d. Pa	rklawn	, Md.

23c. NAME OF CEMETERY OR CREMATORY

BP DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached for with the State Dept. of

Health and Mental Hygiene prior

MPORTANT: If Item 21 is marked at Item 18 sho

Burial

230. BURIAL, CREMATION, REMOVAL

FOR

Burial 2/12/83 Washington National Com Suitland

74 FUNERAL DIRECTOR
NAME
George P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md. FEB 1 4 1983 24 FUNERAL DIRECTOR

23b. DATE

2/12/83

P.G.

AR'S SIGNATURE

73d. LOCATION
CITY OR TOWN
Suitland

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Fe. Lenjamin E. Pecson, N.I. 6105 Cld Silver Hill WA. Parklawn, Fd.

rurial 2/12/33 Vashington etional or mithan 5.3. 2.

Guerge P. Keles 6150 Even Hill Ed. Oven Hill, Ma.FEB 14 1980 . Act of Court

BALTIMORE CITY OR COUNTY OF DEATH KOAO PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (eer) opinion deoth accurred on the date and hour and from the causes stated 22c. DATE SIGNED 24 FUNERAL DIRE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

DAY

IF UNDER I YEAR

DATS

2b HOUR

HOURS

FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

The state of the s THE SHIP THE MAN TO SHALL SHALL NY U.S.H. X PENNER DESIGNES HYATTSWITE CHEEK MANNER HARRING HOWE LAMP MASTER SEIL EMPORE MARGHAR PG Hymrs. I'ME X 4922 LASAINE ROAL William HYNE - MARY LEATHERINE HOLEEC HES WILETE STREET STREET JOHN HYNES 4711 BURG Rd BETHANG ENGLISH STEEL SEE SEE SEE STEEL STEEL STEEL SEE JAMES I. FOSTER MID 916 19TH ST. NEW WASH. D.C. FERH FERH JART MT. DINET CENT WHITH D.C. The world De

					S	TATE OF	MARYLAND	}		-	1746	Jul 15	.75
7/	1.	FOR STATE			DEPARTMENT	OF HEALTI	H AND MENTA	AL HYGIENI	3 3	0	5 2	1	2
0	1	REGISTRAR		ME	DICAL EXAM	INER'S	CERTIFICATI	E OF DEA	TH	REG. NO.			
		CE ASED NAM	E FIRST		MIDDLE		LAST	1	a DATE KN		ONTH DAY	YEAR	26, HOUR
W 1 4M	(TYF	E OR PRINT}	CHARI	LES 1	EDWARD	JAC	KSON, Sr	•		STI.	2 11	83	11.06
CTOR CTOR FUES TREET	3. SEX	,	14. RACE	TS. DATE OF BIRTH	I ACE	N YEARS IF UI	IDER I VE TIE IN	DER 24 HRS			NTH DAY	19 VEAD	AM
		lale	White	MONTH DAY	YEAR LAST BI				2c. DATE PRONOUNCE		2-11	83	11.06
No.				June 21		YRS.			DEAD			19	11.00
1000 1000 2	7a B	RTHPLACE (S	TATE OR	76. CITIZEN OF W	AT COUNTRY?	8. MARE	IED NEVER M	ARRIED T	9. BALTIMOR			DEATH	
五名 2 g 7 g	1	hio COUNTRY)		U.S.A.		WIDOV		ORCED K	Princ	e Geor	'ges		MD.
5 H H H S	10. C	TY OR TOWN	OF DEATH	II. NAME OF HOS	PITAL, NURSING H	OME, OR OTI	HER INSTITUTION	12a. USU	AL OCCUPAT	ION (TYPE OF V	VORK 12b.	NO OF BU	
PAGE PAGE	1	aurel		Greater	Aure Be	tsvil	le Hospit	al Me	AL OCCUPAT PC hanie	LIFE)	Ru	rindustr	Čo.
	ÜSUA	L RESIDENCE	/ IF IN NURSING HOME	OR OTHER INSTITUTION, GI	VE RESIDENCE REFORE AD	AISSIONI					Du		
NO 3 TECONO	13a. S	TATE	136 COUN	ITY	13c CITY OR TOW	N	13d. INSIDE CITY LIMIT	IS STRE	ET ADDRESS	419	207	Q.A	
S. A. A. S.		larylan		nce Geo.	Landove	. H1111	110	, []	DOX 2	1110	201	04	
E, MD.	14. F	THER'S NAME		MIDDLE	- LAST		15. MOTHER'S M		MIDDL		nh	iTlip	-
DEETH DEATH AND		Charl	es F	rederick	Jackson	J	Eliza	ibeth			PII	TITIP	5
0 = 3 = 3	16a. V	VAS DECEASE	DEVER IN U.S. AR		166. SOCIAL SECU	JRITY NO.	17. INFORMANT		8 8	STES HE	milto	n St.	
ALTIMO AFTER I SIVE PACES 1	(1	Yes	(IF VE CIVE	TT OR DATES)	579 14 (960	Evelyn M	1. Hack	lev ,	vatts	ville.	Md.	20781
RS AFTER 3. GIVE PA WITH FEEL PAGES IDIVISION				1	L collection and				*	i y ac o o o		APPROXIMATE	
TON ST., I 24 HOUR HITEM 18. FLONG W PREMIT. FGIENE, DI		PART I DE	ATH WAS CAUSE	nly one cause per line D BY:	far (a), (b), and (c).		1 1				BE?	WEEN ONSET	AND DEATH
ON SI 24 HO ITEM I LONG PERM GIENE	1	25	MMEDIA	TE CAUSE (a)	my	Man	dias	mto	nce	u			
IN I		0(3	ins, if any, which		AS A CONSECUEN	CE OF		0					
RECEIPT RECEIPT			ise to immediate		e l	FF							
OR THE		cause (a)) stating the <u>under</u> -	DUE TO, OR	AS A CONSEQUEN	CE OF	-						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. ROED TO THE CHIEF MEDICAL EXAMINER ALONG WE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGENE, DO PRIOR TO BURIAL, CREMATION, OR REMOVAL.		lying cau	ose tast.	(e)	Dial	sels	mil	vt					
MANUE AND SECOND		PART 2 OTHER SI	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS	E DR CONDITION GIVEN	IN PART 1 (a).				-	
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RECO LD BE I PENDI MEDI AS A S A CREALTH	Ĭ	19g. DATE OF	OPERATION	19h CONDI	TION FOR WHICH C	PERATION V	VAS PERFORMED?				20	AUTOPSY?	
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OF VITAL RITE SHOULD HE WORD "PR THE CHIEF A MED BE USED. TO BURIAL, OF	CERTIFICATION	11- EXTERNI	AL CAUSE WAS	21b. TIME O	D. L. C. Charles		0					YES [NO E
S OF SERVICE S		UNDERLYING	_			EAR 216 H	OW INJURY OCCU	URRED LENTER N	ATURE OF INJURY	IN ITEM 18 PART	OR PART 2)		
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DIVISION OF SCRETIFICATE RATING THE W ROED TO THE ED ESPARTMEN TO FROR TO I	MEDICAL	21d. INJURY C	OCCURRED		OF INJURY (AT HOM		CATION STREET		CITY OF TOWN	100	COUNTY	.,,,,	STATE
DIN THIS C WARDI WARDI PAGE: TATE D	2	AT WORK	NOT WHILE [] Since I, FAC	ORT, PARM, ETC.)		SIREEI		CITORIOWN		COUNTY		STATE
DIY E. THIS C EE, WRII RWARD F. PAGE STATE (1			
ECERTIFICATE, DULD BE FORW UD BE FORW WITH HE SI WARYLAND, 2		22a I certi	fy that I taak char	ge of the remains de	cribed abave, held a	in Autor	osy L, Inspe	ection .	Inquiry	, and in	my apinian		
三		death result	ed fram: Natu	ral causes	Accident,	Suicide	, Hamicide L	Undete	rmined manne	r .			
AAN WILL		ACTUAL	1.	2 2		-	TITLE (SPECIFY	Y			2 -	.10	83
AHDAEN -	1	SIGNATURE.	SATT	1-1	JANA	M	1. Delon	MEDI	CAL EXAMINE	R S	IGNED	10	-
DE SE			poho	Said A Annapoli	. Daee. M	.D.		4-			= 10		
THE THE STATE OF T		EXAMINER'S (TYPE OR PRI	141)		s Road		ADDRESS	Bladens	burg.	nd. 20	710		
TO MEDICAL EXAMI EXECUTE THE CERTIFI PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH WITH BALTIMORE, MARYL	23a.B	URIAL, CREMA	TION, REMOVAL	23b. DATE	23g. NAME OF	CEMETERY C	R CREMATORY erans Cen	23d LO	CALION .		D. C	24-	
	1 (Burial		2/17/83	Maryla	nd Vet	erans Cen	netery	whelt	enham	PuG.	Mary	rland
BP	24 FF	ANTERN BIRE	Mach!s	Sons Fune	ral Home.	P.A.	25e. D.	ATE REC'D, BY	REGISTRAR	MEGISTRA	R'S SIGNA	UHE	
DHMH - 17	U	vattevi	ille, Mar	vland ADDRESS			F	EB 17	1983	John	2. Ca	will	
(VR A15 ME (5))	I	yattsvi	LLLC, Mai	J = 112201			1	LD 1	1300	/	0	-	

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Arehart Funeral Home, Inc., La Plata, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

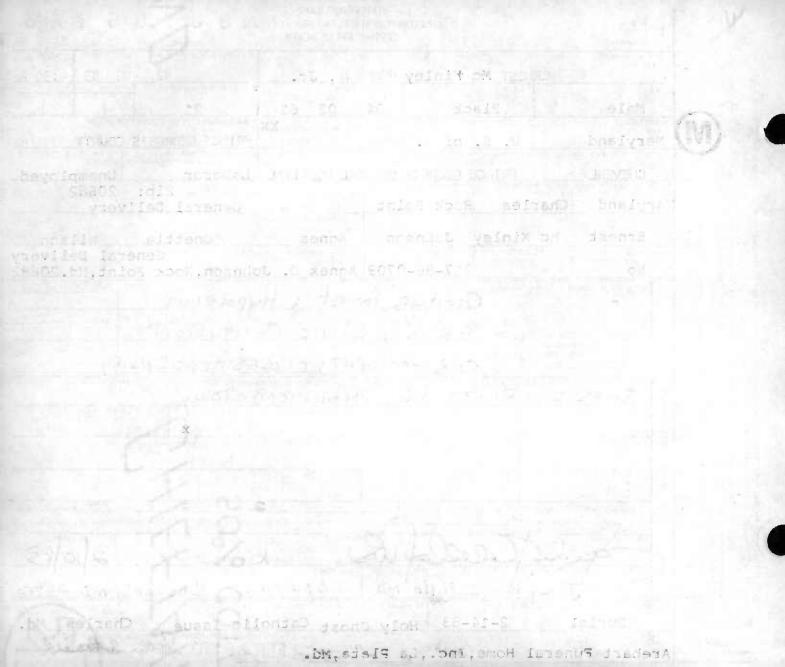
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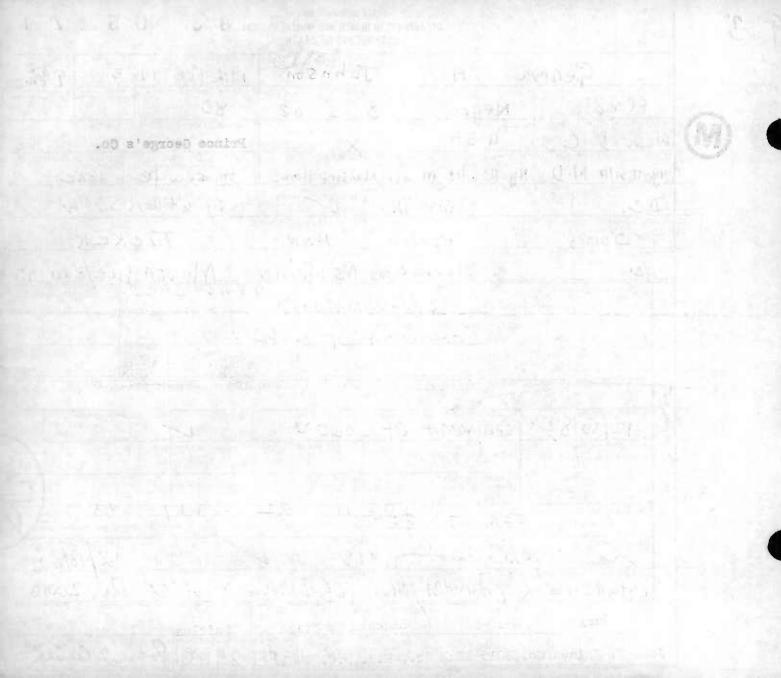
24 FUNERAL DIRECTOR

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(VRA 15, 4)

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Home.

4001 Benning Rd

FOR - STATE

24 FUNERAL WIREL

Stewart Funeral

DHMH - 16 50M 4/82 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DATE REC'D. BY REGISTRAR 254 BEGISTRAR'S SIGNATURE

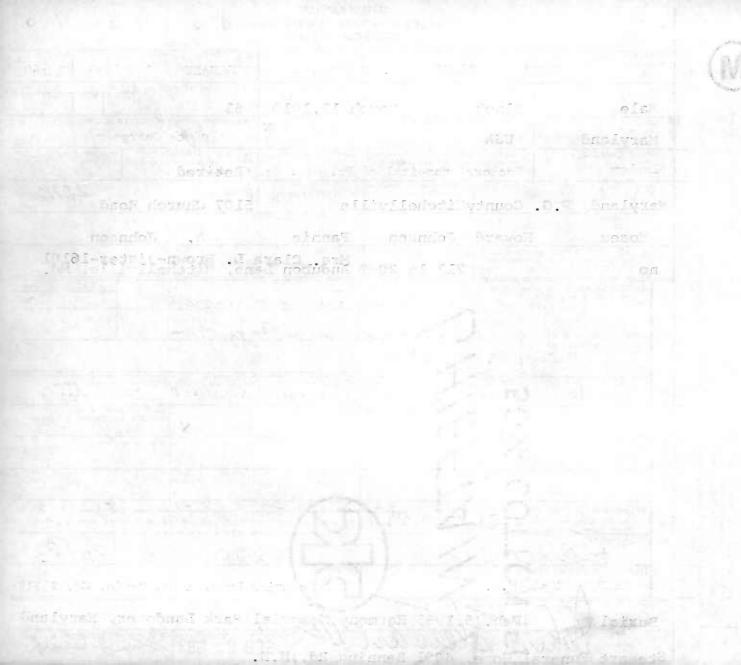
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FOR

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DECEASED NAME

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

3100 - Upshur St. (20712) Johnson Carolyn Gossard- above address PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 2-7-83 230 BURIAL CREMATION, REMOVAL (SPECIFY) Burial 2/9/1983 Brentwood Pr. Goo. Md STATE Ft. Lincoln Cem. . H. Inches BY REGISTRAR 256. PEGISTRAR'S SIGNATURE Mt.Rainier Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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IF UNDER 1 YEAR

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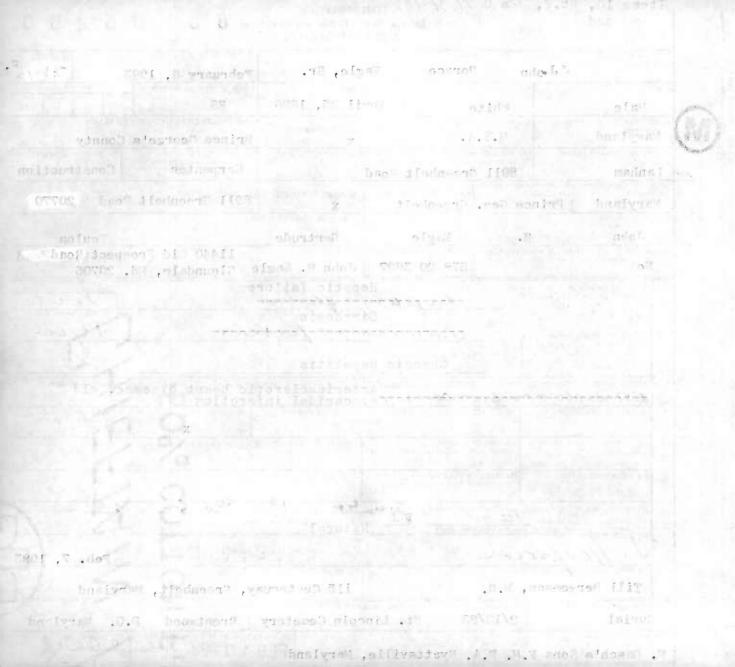
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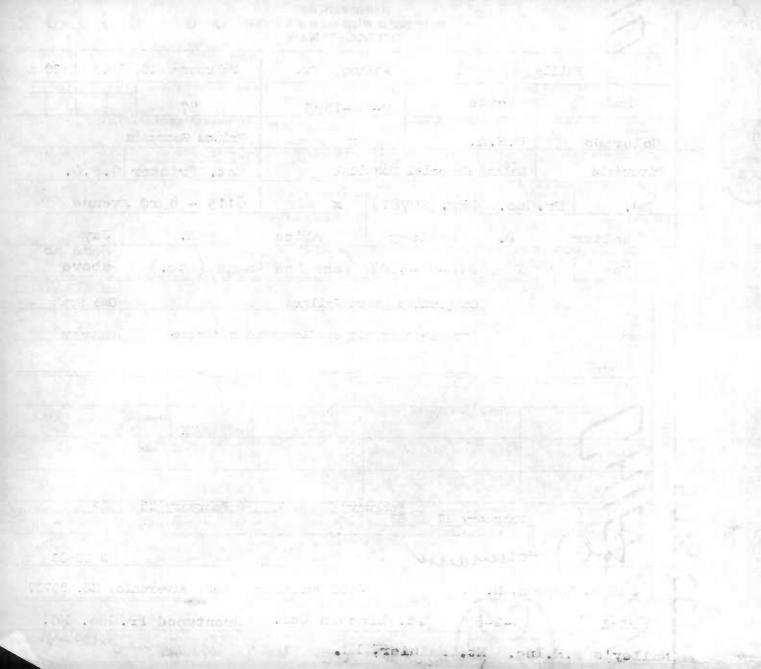


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)



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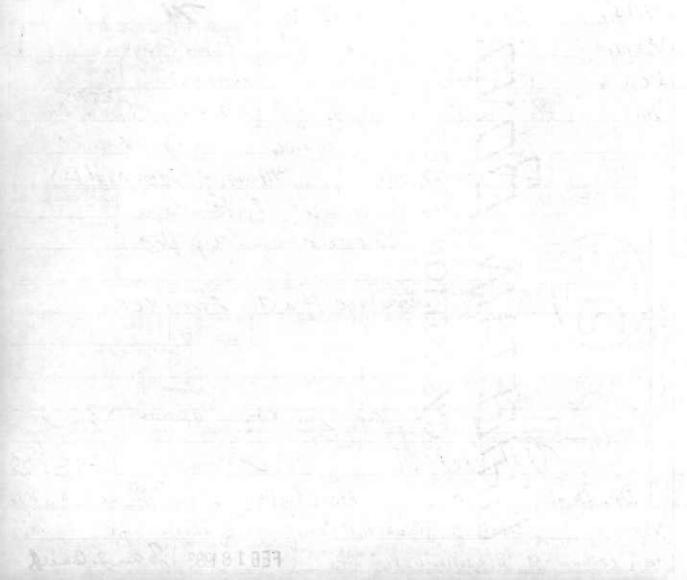
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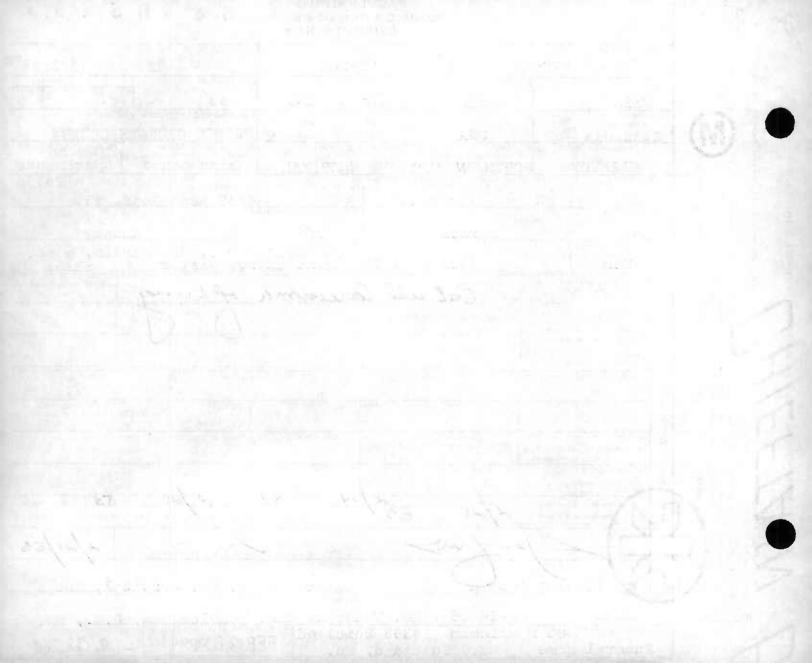
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(VRA 15, 4)

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STATE OF MARYLAND

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SHOULD ORD "PE CHIEF A E USED / T OF HE/ URIAL, C	1 2				
F VIII	4 5	21a EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. HOW INJURY OCCURRED 1	YES NO	
TA HE LE	2 2	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	CONTER MATURE OF INJURY IN HEM 18 PART OR PART 2)	
SA STORY	MEDICAL	CONTRIBUTING CAUSE OF DEA			
DIVISIO S CERTIF RRITING RADED TO GE 3 SHO TE DEPAI	MED	VHILE NOT WHILE	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY S'	TATE
	1	WHILE NOT WHILE AT WORK			
HER: THI CATE, WA FORWA OR: PAC THE STAT			the remains described above, held an Autopsy . Inspection	Inquiry , ond in my apinian	
L EXAMINER: E CERTIFICATE OULD BE FORW. H, MITH THE S MARYLAND,		death resulted fram: Natural		Undetermined manner ,	
NEW TEN			TITLE (SPECIFY)	ondetermined industric [
W. F. D. C. F. C.		ACTUAL SAID	A. DASS M Dema	DATE 9 -13-87	
ZEA SET S		SIGNATURE	M.D. Corp.	MEDICAL EXAMINER SIGNED	
IN CHEST	1	EXAMINER'S NAME 563	2 annandin Dans Blade	mshing Mon 20716	
TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH TO BALTIMORE, MARYLAY	230 P	URIAL, CREMATION, REMOVAL 23b.	ATE 1236, NAME OF CEMETERY OF CREMATORY	23d. LOCATION	
	(SPECIFY)	a is again to a it. Co	CITY OR TOWN COUNTY STATE	1
BP	74 F	UNERAL DIRECTOR	1250. DATE FILL CREW ATOMY	SUITAND MAPHIAN O BY REGISTRAY IS HEGISTRAY IS GENETURE.	U
DHMH - 17	10	NAME 1		2 2 1983 John & Cohell	
(VR A15 ME (5))	CH	HMOEKS FUNERAL	HOME RIVERDACE M.D.	22.000	

	1.	FOR STATE REGISTRAR	DEPART	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	HENE 8 3	0	5 2 8	9
		CEASED NAME EIRST EORPRINT)	eth I		hN,	REG. N 20. DATE OF DEATH	O. MONTH OAY 2/2/	/ 83 26 HOU	PM
	3. SE	7	4 RACE	5 DATE O	OF BIRTH AT TEAR	6. AGE (IN YEARS LAST BII	YRS.		MIN.
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2	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		200 AUTOPSY? YES NO	20b. IF YES, WEI	RE FINDINGS USED CAUSES OF DEAT NO	H?
9	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	DR PART 2)	
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		22e.1 certify that (1) (this hospition is ow the deceased alive on above, (1) (we) (did) (did not the SCHATURE	or ottended the decoosed from 2 19 5		nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	medical sta		from the couses sta 22c. DATE SIGNED	
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-	24 FL	SURIAL, CREMATION, REMOVAL (SPECIEY) BURIAL UNERAL DIRECTOR NAME 1211-0215 F. H. T	2-7-83 S	unset	t Hills Mem. Md. 25 FE	Park Be	lævue	ing Wa	sh.

F.H.Inc. Mt. Rainier, Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR
NAME
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BP.

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V 7-6	1.	FOR STATE			DEPARTMENT OF	HEALTH	AND MENTAL	HYGIENE	o	5 2 9	. 0
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2 44 5 5 A		Md . THER'S NAME		PG	Seat Ple	asan	LYES NO L	1	Mama	any 11	me
H-189760		FIRST		MIDDLE	LAST		Estelle		MIDDLE	Moore	
PAGE ORW	16a V	Dudley VAS DECEASED EVE	R IN U.S. ARM	ED FORCES?	Lane	TY NO.	17. INFORMANT		ADDRESS	MOUTE	
	(4)	NO, OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	22730709	3	Mary Jo	e. Seat hnson(si	rreasa: ister)l	nt Md. 117 Car	ring-
URS AP WITH WITH PAG		18 CAUSE OF DEA			for (o), (b), and (c).)		27	1	,	APPROX	MATE INTERVAL ONSET AND DEATH
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THE WE THE WE THE WE SET OF TH		210. EXTERNAL CAL	OR		MONTH DAY YEA		OW INJURY OCCURR	ED (ENTER NATURE OF I	NJURY IN ITEM 18 PART	OR PART 2)	
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STI BALTIMORE, MARYLAND, 2		(TYPE OR PRINT)	56-	s 2 a	mape	10	ADDRESS DUC	auspu	(100)	20110	
	(URIAL, CREMATION		2-12-83	23t. NAME OF C			23d LOCATION CITY OR TOWN		COUNTY	STATE
BP		urial UNERAL DIRECTOR	4			Cell	250. DATE	Surry REC'D. BY REGISTR	AR 256 REGISTR	AR'S SIGNATURE	ginia
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20M 4/B2											

Marie

		TEASED NAME FIRST OR PRINT)		IDDLE	LAST		REG 20. DATE OF DEATH		AY YEAR	2b. HOUR
deo de		Renja		N.M.I.)	Latvinsl	10	February			3.10 PM
1	3. SEX	Male	4. RACE White		5. DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS LAS	_	IF UNDER 1 YEAR	HOURS MIN.
MAIN		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	VHAT COUNTRY?	8	VER MARRIED	9. BALTIMORE CIT		OF DEATH	
of in	Ru	ssia	U.S.A.		WIDOWED X	DIVORCED [Prince G			WD
filed will	Ri	verdale	Leland	Memoria	l Hospital		120 USUAL OCCUP (TYPE OF WORK FOR MO Locksmit	ost of working life.	Hard	
niner mush be	1	ALRESIDENCE (IF NURSING HOME TATE DE CO	OR OTHER INSTITUTION, OUNTY	13c. CITY OR TOV Hyattsv		DE CITY LIMITS?	130. STREET ADDRE 5501 40	th. Ave	ode - 2	0781
/ Will	/	THER'S NAME FIRST	MIDDLE	atvinsk		THER'S MAIDEN NA	MIDDL	· ·	U nkn ow r	
medicolenan	.0	VAS DECEASED EVER IN U.S. (15, NO OR UNKNOWN) (1F YES.	ARMED FORCES? GIVE WAR OR DATES)	577-03-		ormant Barbar	Torbert ^{AD}	Hyatts	. Md. 2	
t, the		18 CAUSE OF DEATH (Enter PART), DEATH WAS CAU	only one couse per l	line for ion, (b), or	nd (c).) Duta	NARY	ARRE	cT	APPROXIA BETWEEN O	NATE INTERVAL
nation		4/00 Conditions, if ony, which gove rise to immediate	(p)		JENCE OF ACU	TE MY	10 CARD	IALI	NEAR	. CTION
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entol Hygiene prior to buriol, cremation them 18 shows any injury, or other troun		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN EXTENSION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK AT WORK AT WORK 220. I certify that (1) (this has sow the deceosed alive obove, (1) (we) Jaid Jaid	DUE TO, OR (b) DUE TO, OR (c) 19b CONDIT 19b CONDIT 21b, TIME OF HOUR A.A. P.A. 21e PLACE C (AT HOME STRI	AS A CONSEQUENTRIBUTING TO STORY A. MONTH C. A. DF INJURY SET, FACTORY, OFFICE.	DEATH BUT NO RE H OPERATION WAS DAY YEAR 19 FARM. ETC.) 211. LC.	LATED TO THE ER. S CL PERFORMED DW INJURY OCCUI CATION STREET	MINAL DISEASE OR C 200 AUTOPSY? YES NO RRED (ENTER NATURE OF	20b. IF YES, IN CERTIFY YES INJURY IN ITEM 18 PA	WERE FINDIN WERE FINDIN VING CAUSES (5) ART I OR PART 2)	GS USED OF DEATH? NO STATE that (I) (we) lost
ched for use as the buriol-transit permit. Then please remove car Dept. of Heolth and Mental Hygiene prior ta buriol, cremation, an Hem 21 is marked or Hem 18 shows any injury, or other troumati		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN EXTENSIVE 190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE OF	DUE TO, OR (b) DUE TO, OR (c) 17 CONDITION CO 19b CONDIT 21b, TIME OF HOUR A.A. P.A. 21e PLACE C (AT HOME STRI spitol) ottended the on	AS A CONSEQUENTRIBUTING TO STORY A. MONTH C. A. DF INJURY SET, FACTORY, OFFICE.	DEATH BUT NO RE H OPERATION WAS DAY YEAR 19 FARM.EIC) 21f. LC 2 C DEGREE	PERFORMED DW INJURY OCCUI CATION STREET ATTENDING PHYSICIAN	WINAL DISEASE OR C 200 AUTOPSY? YES NO C RRED (ENTER NATURE OF CITY O	20b. IF YES, IN CERTIFY YES INURY IN ITEM 18 PA OR TOWN 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WERE FINDING CAUSES IS COUNTY COUNTY 27 and from the county CAUSES IS COUNTY	GS USED OF DEATH? NO STATE that (I) (we) lost
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STATE OF MARYLAND

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STATE OF MARYLAND 5 FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CERTII	FICATE OF DEATH	REG. NO.						
1	I. DECEASED NAME FIRST	WIDDLE		LAST		DAY YEAR 26 HOUR					
ı	AGN	ES L. L	EES		FEBRUARY 7. 1	983 4:44 am					
I	J. SEX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.					
1	Female	Caucasian	July	7 16. 1897	85 YRS.	MONTHS DAYS HOURS MIN.					
1	TE BINTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH					
4	Pennsylvania	U.S.A.	WIDOW		PRINCE GEORGES	COUNTY MD.					
7	D CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME		12a USUAL OCCUPATION	126 KIND OF BUSINESS OR					
1	Beltsville	GREATER LAUREL		TILE HOSPITAL	Maintenance	Steel Mill					
0	UBUAL RESIDENCE HE NURSING HOME OF	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	1136 INSIDE CITY LIMITS?	13e STREET ADDRESS						
×		ceGeorges Belts	ville	YES NO X	6403 Tonguil St	t. (20705)					
1	14 FATHER'S NAME	MIDDLE LAST	31111	15 MOTHER'S MAIDEN NAM	ME						
4	James	Lee	s	Marv	WIDDLE	Long					
1	(YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRESS	Houg					
1	No	181-18-	5554	LaVerne Smit	h_(daughter) Same	e as 13					
ſ	18 CAUSE OF DEATH (Enter o	only one couse per line for (a), (b), a	nd (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUS	ATE CAUSE (a)	रार								
1	0389	DUE TO, OR AS A CONSEQU	IENICE OF								
1	Conditions, if only which	(ib)	DEINCE OF								
1	gove rise to immediate		IENICE OF								
1	underlying cause last.	cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF									
1	PART 2 OTHER SIGNIFICANT		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART 1(a)					
ı	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		Diato	1ª							
1	S 190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?					
	H L				YES NO YES						
		216. TIME OF INJURY	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 P)	ART 1 OR PART 2)					
1	OR CONTRIBUTING CAUSE OF DE	AIR	19								
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	218 PLACE OF INJURY	EARAN ETC V	21f. LOCATION	CITY OR TOWN	COUNTY STATE					
1	WHILE NOT WHILE AT WORK	TAT TOME STREET, THE TOWN OFFICE	, PARM EIC)								
١	220.1 certify that (I) (this hospital) attended the deceased from 26, 19 73, ta 27, that (IK (we)) last										
١	saw the deceased alive at abave, (I) (we) (did) (did no	n 2 - 19 at) view the bady after death.	. 0	nd that in (my) (aut) apinion o	death occurred on the date and have	and from the causes stated					
١	22b. SIGNATURE	- 1 S - 1 -		DEGREE		22c. DATE SIGNED					
	6	an caron	1	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	27185					
1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		(1)					
1	EA	MON		32111	nce Gener S	TLAUTE					

23c. NAME OF CEMETERY OR CREMATORY

Feb. 8, 1983 Grandview Cemetery

BP. DHMH - 16 50M 1/81 (VRA 15, 4) 230. BURIAL, CREMATION, REMOVAL

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health MPORTANT: If Item 21 is

Capitol Funeral Servicents Charge

23b. DATE

FEB 1 4 1983

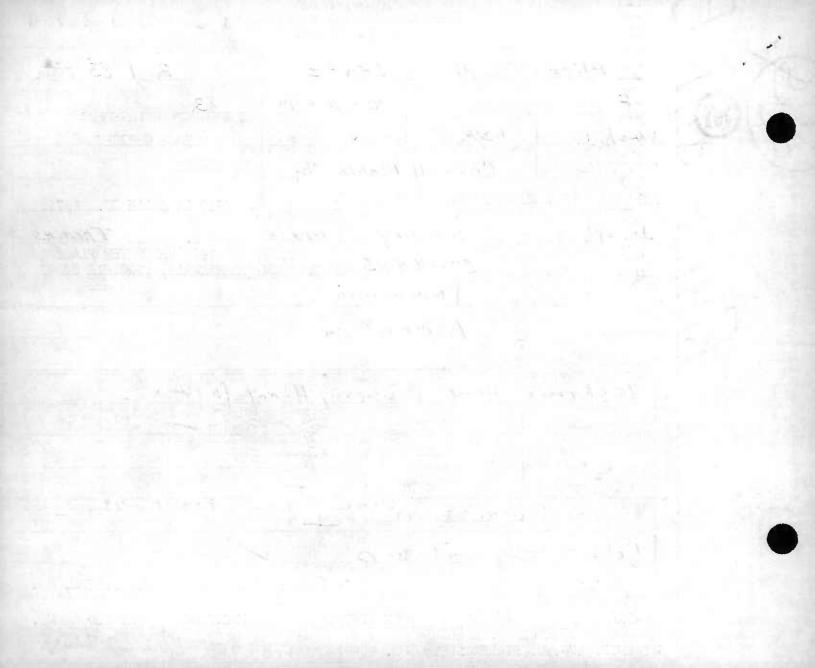
Johnstown, Penna.

STATE

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STATE OF MARYLAND



Huntt Funeral Home Waldorf, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

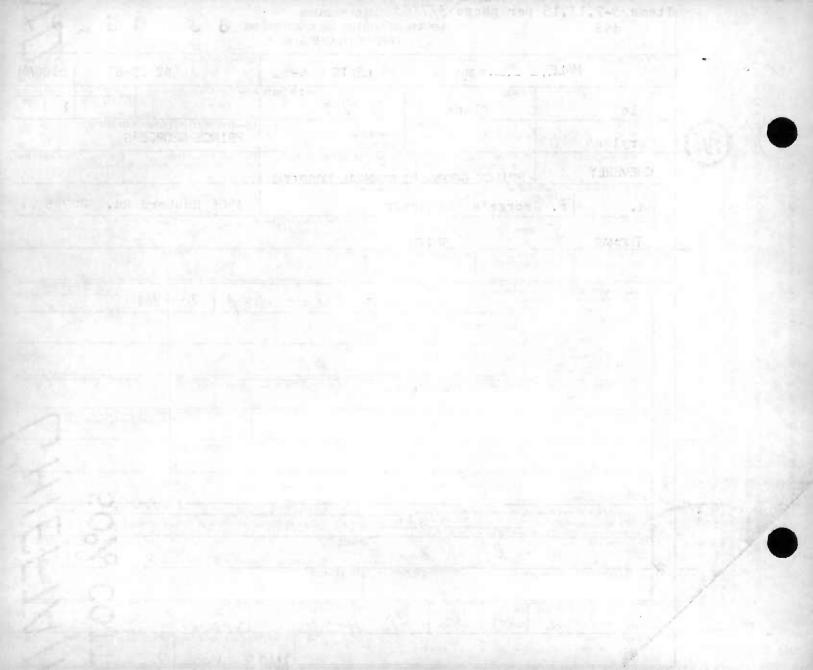
(VRA 15, 4)

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		REGISTRAR DECEASED NAME YPE OR PRINT;	FIRST	MIDDLE	LEMIC _A_	REG. NO. 2a. DATE OF DEATH MO	2-20-83	2b. HOUR 2:40AN
2/	3.	SEX	4. RA	BABY	LEWIS -A-			
53	1	Male		Black	2/20/83 YEAR		YRS.	2
A)	70	BIRTHPLACE (STATE COUNTRY) Maryland		ITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR CO		
not it	4	CHEVERL	Y PR	INCE GEORGE S	GENERAL HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		OF BUSINESS
See See	9	Md.		13t. CITY OR TO	over YES NO	13e STREET ADDRESS 3506 Hubbar	rd Rd. 20	785
olexomine	0 14.	FATHER'S NAME FIRST THOMA	MIDDLE	LAST SMIT	15. MOTHER'S MAIDEN NA FIRST ThomyJear	Lew:		AST.
medicol	160	(YES, NO OR UNKNOWN)			CURITY NO. 17 INFORMANT	ADDRESS		
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		FOR dad STATE REGISTRAR	/ , -/ F	pilozio	DEPARTME	NT OF HEALT	H AND MI	NTAL HYG		, NO.	5 2	9 7
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DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FI	JNERAL DIRECTÓR			ADDRESS		U	25a. DAT	REC'D. BY REGISTR	AR (15) REGIST	RAR'S SIGNAT	URE



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director, page 3

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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG	REG. N	10.	9 4	7 0		
1. DECEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR		
(TYPE OR PRINT)	Charl	es Ramon		Le	ewis	February	6. 1983	3	6:50P		
. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HR		
Male		Whit	e	Aug.	9, °1'900 YEAR	82	YRS.	ONTHS! DAYS	HOURS MIN		
O. BIRTHPLACE (STATE		76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY		OF DEATH			
Mississip	pi	U.S.A		WIDOWE		Prince Geo	rge's (County			
Greenbelt			H FACILITY, OIVE STREET	ADDRESS)	or OTHER INSTITUTION	120. USUAL OCCUPAT		NOUSTRY Rail	road		
Maryland	13b. CQU		GIVE RESIDENCE BEFOR 13c. CITY OR TOW Greenbe	VN	13d. INSIDE CITY LIMITS? YES NO [130.224 Tasti	ner Lar	ne 2	20770		
Robert	E	dward	Lewis, Si	r.	15. MOTHER'S MAIDEN NAME Frances	ME	A	llen ^{LA}	ST ,		
O. WAS DECEASED E	VER IN U.S. A		166 SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDR	ESS	- I-L 8-			
NO OR UNKNOWN	(IF YES, G	IVE WAR OR DATES)	705 01 8	3711	Elizabeth A.	Lewis Sa	ame as	#13 (I	aughter		
Conditions, if gove rise to couse (a), so underlying co	immediate toting the ouse lost.	(c)	DEVE	ENCE OF	S ARTERIE SLE			N IN PART 1	0		
190. DATE OF OPI	ERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDI			
						YES NO	YES		NO 🗆		
	CAUSE OF DE	EATH HOUR A.	OF INJURY M. MONTH D M.	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJI	JRY IN ITEM 18. PA	RT (OR PART 2)			
(IF EITHER, NOTIFY 21d. INJURY OCC	URRED	21e. PLACE (AT HOME, STO	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC)	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE		
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4		3	_		ATTENDING PHYSICIAN	MEDICAL STA	CIAN [Feb.	7,1983		
22d PHYSICIAN	S NAME (TYPE	OR PRINT)			22e. ADDRESS						
Hong Li	ang Te	e. M.D.			3415 Hamilto	n St. Hvat	tsville	. Mary	yland		
30 BURIAL, CREMATI					ia Cemetery	23d LOCATION MATERIAN	2	COUNTY	lise i'k'é:		

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

etoined by the hospital or attending physicion.

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74 FUNERAL DIRECTOR
F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

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	SEX Fen		ite 5.	DATE OF BIRTH	1896	AGE (IN YEARS	S IF UNE		IF UNDER		DATE RONOUNCED DEAD	Feb		DAY YEAR 1983	2d. HOUR
5	Pe	RTHPLACE (STATE OF	ia	U.S.A.	IAT COUNTE		MARRIE		/ER MARRII	D D	Princ	e Geo	rges	OF DEATH	MD.
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2		THER'S NAME Aaron			Lieber			Go	R'S MAIDE RST ldie	N NAME	MIDDLE			iden	
1	6a. W	AS DECEASED EVE S. NO, OR UNKNOWN)	R IN U.S. ARMED			05 267		17. INFORM Clara	L. D	avis		e. Md			
10	rion	Canditians, if gave rise to cause (a) statin lying cause las	immediate ng the <u>under-</u> t. INT CONDITIONS <u>CON</u>	(c)TRIBUTING TO DEATH I	OUT NOT RELATED		AL OISEASE			T 1 (a).					
23	CERTIFICATION	19a. DATE OF OPER				HICH OPERA									№ 🗷
3	CAL	UNDERLYING CONTRIBUTING 21d. INJURY OCCU	OR CAUSE OF DEA RRED	71e PLACE C	MONTH D	19 (AT HOME,	21f. LOC		OCCURRED		TURE OF INJURY IN	I ITEM 18 PART	COUNT		STATE
2-		22a. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAMI	m: Natural of Said	A. Dae	Accident [, Suici	M.c	Homici TITLE (SF	5632	Undeter JMEDIC Anna			DATE SIGNED.	2.2adensbu	6-8>
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funity should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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	1-	FOR STATE			DEPARTA		EALTH AND MENTAL	HYGIENE 💍	3	U	2 0	0 0
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		CEASED NAME OR PRINT)	FIRST	MIDDLE			AST	2a. DATE OF	DEATH "	AONTH (DAY YEAR	2b HOUR
	>	III TO SEE THE TOTAL SEE THE	Velma	Pearl			hart	Feb	ruary	3,	1983	3:15 AM
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2		irginia		U.S.A.		WIDOWE	DIVORCED	□ Princ	e Geor	rge 1	s Coun	ity MD.
10	10 CI	ITY OR TOWN OF DEA	TH	11. NAME OF HOSP			OR OTHER INSTITUTION		CCUPATIO		12b. KIND C	OF BUSINESS OR
		anham		Doctor's	Hospit	al of	P.G. Co.		maker		Hom	ie
2	130 S	AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION GIVE R	ESIDENCE BEFORE		13d. INSIDE CITY LIMITS	S? 1130 STREET	ADDRESS			
2)	Me	aryland	P.G.		llege		YES X NO	5016	Roanc	ke P	Lace (20740)
	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	MIDDLE			
0		Charles			Stratt	on	Virgi	nia	WIDDEE		Leon	ard
1		VAS DECEASED EVER		MED FORCES? 16b.	SOCIAL SECU	RITY NO.	17 INFORMANT		ADDIE	3 Wei	stway F	Road
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		PART I. DEATH W	AS CAUSE	D BY TE CAUSE (a)	doni	00	nunous	010	Was	10	7	1
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		underlying cause	last.	(6)	6	Vice	und'	0		/		
		PART 2 OTHER SIGN	NIFICANT O	CONDITIONS CONTR	IBUTING TO D	EATH BUT	NOT RELATED TO THE T	TERMINAL DISEAS	E OR CONDI	ITION GIVI	EN IN PART 1	0
2	ON											
-	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDITION	FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	PSY?	20b. IF YES	, WERE FINDIN	NGS USED
-	TIE							YES 🗀	NOX]		S [NO [
	CER	21a. ACCIDENT WAS UND				V VEAD	21c. HOW INJURY OC	CURRED (ENTERNA	TURE OF INJURY	IN ITEM 18 P	ART I OR PART 2)	
9	CAL	OR CONTRIBUTING C		1111		19	San San San					
	MEDICAL	21d INJURY OCCURR		21e PLACE OF IN		Dec 576.)	211 LOCATION	VIII I	CITY OR TOW	N	COUNTY	STATE
,	2	WHILE NOT WH	PK	(AT HOME STREET PA	CTORT, OFFICE, FA	NRM EIC J	JINEE.					3,412
		22a. I certify that	(this hospi	attended the dec	eased fram_		PRIL 19 C	65 , to 1	EB. 3	, ,	9 23	that () (me) last
		saw the decease	d alive on	view the pady after	death.	?.3, ar	nd that in (my (am) apir	nian death accurre	d on the date	e and have	and from the	causes stated
		22b. SIGNATURE				1	DEGREE				22c. DATE	SIGNED
		/) (oeu			ATTENDIN PHYSICIA	MEDICAL N DIRECTOR	STAFF PHYSICIA		Feb.	3, 1983
		22d. PHYSICIAN'S NA	AME ITYES	PRIN	N - 30	1	22e ADDRESS					37
5		Dr. Ohann	es Sa	hakian. M.	D.	/	5632 Anna	molis Rd	. R1 e	dens	hitror N	ra .
2												
	23a. B	BURIAL, CREMATION,		23b. DATE	23c. N	IAME OF C				100110	JULIE I	20.
	23a. B	SPECIFY)		23b. DATE			EMETERY OR CREMATO	ORY 236 LOCA	TION OR TOWN		COUNTY	STATE
	(BURIAL, CREMATION, SPECIFY) Burial UNERAL DIRECTOR						ORY 236 LOCA	TION OR TOWN		COUNTY	Maryland

Riverdale, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

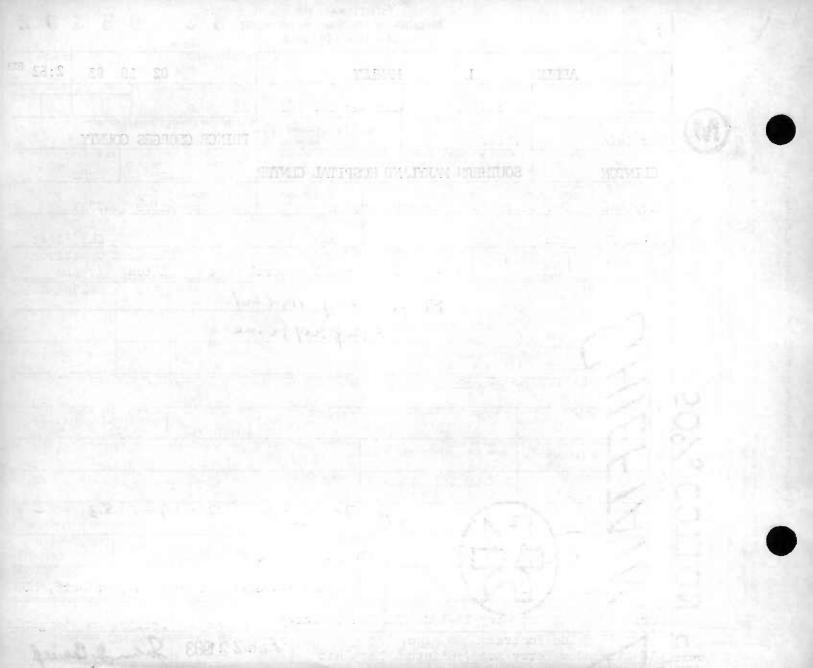
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\$ 85	3 SE	X	4. RACE		5. DATE (6. AGE (IN YEARS LAST BI	RTHDAY)	IF U	INDER I YEAR	IF UNDER 24 HRS
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(10)		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	NEVER MARRIED	9. BALTIMORE CITY O	OR COUN	NTY OF	DEATH	
SAIL		rginia	U.S.A.		WIDOWI		PRINCE GEO	ORGES	5 00	UNTY	MD.
186	C	LINTON	SOUTHE	RN MARYI	AND HO	OR OTHER INSTITUTION SPITAL CENTER	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemake	OF WORKING		126 KIND O INDUSTRY Home	F BUSINESS OR
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160	1	THER'S NAME FIRST Llas Shifflett	WIDDIE	tAST		Ann	WIDDLE				flett
9 9 9			RMED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	298 V	Vest	Spot	tswood
Po 1	No			227-24-	3995	Brill Funera	1 Home	Elkto	on,	Virgn	nia
4 4		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe	r line for (a) (b), a	ind (c).)	4	7			BETWEEN	MATE INTERVAL
en signed by Then pleose in to burial, cr injury, or oth	NOI.	underlying cause last. PART 2. OTHER SIGNIFICAN	(c)	ontributing to	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION	GIVEN	IN PART 10	
t permit.	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF IN CER	YES, W RTIFYIN YES		OF DEATH?
S certificate h burial-transit (Mental Hygiel or Hem 18 sho	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A	.M. MONTH I .M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM	18 PART 1	T OR PART 2)	
os the but th ond M orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	NWN		COUNTY	STATE
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RAL DIRE detocher tote Dept		22b. SIGNATURE	Nat	t	1		MEDICAL STA	FF CIAN [22c DATE	SIGNED
should be detained the store important:		G. Rath, M.		1		27e. ADDRESS Charles Profe	essional Bu	ildi	ng,	Waldo	orf, MD
5 4 3 X	Βι		February	22,1983	Elk R	emetery or crematory un Cemetery	23d LOCATION CITY OR TOWN Elkton	Roc		ounty gham	Virginia
	24 51	INIEDAL DIRECTOR T 7	1 7 7								
- 16 50M 4/B2	24. 1	UNERAL DIRECTOR Lee I	uneral B	lome, Inc	2.	250.	B 2 2 1983	25h	SISTRAR	R'S SIGNAT	URE

STATE OF MARYLAND



POLICE COLVES CHEETER LILECTON, LECENTE E. C. Program C. Fink Gien Burne, MG. REAL TREE Lieuw. P. Const.

F. Gasch's Sons F.H. P.A. Hyattsville, Md.

FOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

February 6, 1983	lerane	hal a sa sa sa sa l	
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IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examined must be notified at ange-TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH	ENE 8	3	0	5	3	0	5
		REG.	NO.				
LAST	20. DATE C	F DEATH	MONTH	OAY	YEAR	26 HO	UR

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OR CONTRIBUTION COLORED OR CONTRIBUTION COLORED (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	TIFICATION	19a DATE OF OPERATION	196 CONDITION FO	DR WHICH OPERATION \	VAS PERFORMED	IN CER	RTIFYING CAUSES OF DEATH?			
270. I certify that (I) (this hospital) attended the deceased from 12-22, 19-82, to 29-32, that (I) (we) sow the deceased alive on obove, (I) (we) (did) (did not) view the body ofter death 270. I sow the deceased alive on obove, (I) (we) (did) (did not) view the body ofter death 270. I sow the deceased alive on obove, (I) (we) (did) (did not) view the body ofter death 270. I sow the deceased alive on obove, (I) (we) (did) (did not) view the body ofter death 270. I sow the deceased alive on obove, (I) (we) (did) (did not) view the body ofter death 270. I sow the deceased alive on obove, (I) (we) (did) (did not) view the body ofter death 270. I sow the deceased alive on obove, (I) (we) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 270. I sow the deceased alive on obove, (I) (we) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 270. DATE SIGNED 270. FHYSICIAN'S NAME (TYPE OF PRINT) 270. ADDRESS CTR . WALBORG. M. CHARLES (MARC) (MAR		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MC	ONTH DAY YEAR	Ic. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART OR PART 2}			
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236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUNTY STATE		N. RAN	14 KRISHN	+	CHARLES !	Prof. CTR. 1	NALBORG M.			
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DHMH - 16 50M 4/82

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
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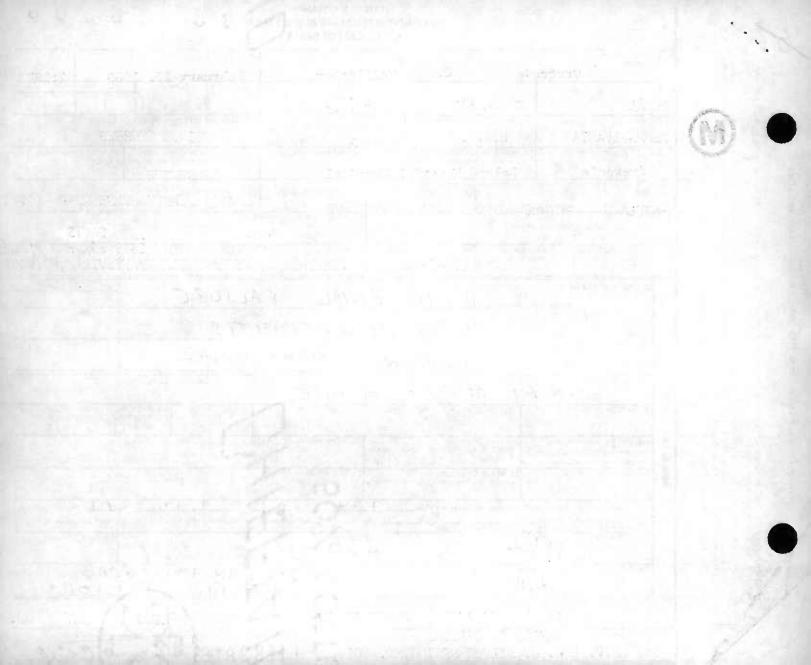
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250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
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	FOR - STATE	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY	GIENE 8 3 0	5 3 0 6			
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.				
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20.00	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS			
E led #	Riverdale	Leland Memori		HOUSEUTEE	IFE) INDUSTRY			
E g & U	SUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)					
5 5 5 P				130. STREET ADDRESS 4711 BERWYN	HOUSE ROAD 2			
	HARVIAND PRINC	OL OLONOLO OULLE	IS. MOTHER'S MAIDEN NA					
ond ond	JOHN	NIDOLE QUI	INN ANN		FOX			
dicol dicol	6. WAS DECEASED EVER IN U.S. AR	d	URITY NO. 17 INFORMANT DA		419 FORDHAM P			
Po	(YES, NO SUNKNOWN) IF YES, GIV	213-56-	-4098 VIRGINIA M	. FITZPATRICK, HY	ATTSVILLE, MV.			
been signed by the mit. Then please rem prior to buriol, cremo ony injury, or other to	PART 2. OTHER SIGNIFICANT OF THE DESCRIPTION OF T	RY ARTERI	UENCE OF A RICHT DEATH BUT NOT RELATED TO THE TERM OF SEASE HOPERATION WAS PERFORMED	20a AÚTOPSÝ? 20b. IF YE	S, WERE FINDINGS USED			
hos in per					IFYING CAUSES OF DEATH?			
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ad for	abave, (1) (we) (did) (did no	nat) yiew the bady after death.						
DiRE tached Dept # frem	22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						
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should be de with the Stot	V.P. SIN		5656	- ANNAPOLIS				
O d i d A	Is. BURIAL, CREMATION, REMOVAL	<u> </u>	NAME OF CEMETERY OR CREMATORY	1230 LOCATION	10/20710			
23	(SPECIFY) BURIAL	2/22/83 PATE 2/22/83	GATE OF HEAVEN	SILVER SPRING	COUNTY MONT STAT			
				SILVER SIKING				
16 50M 4/82	I. FUNERAL DIRECTOR FRANI	CIS J. COLLINS	75a. DA	TE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE			



	FOR STATE REGISTRAR	FIRST		DEPART		ALTH AND MENTAL HY	REG. N	7 5	3 C	7 26 HOUR
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1/60	14. FATHER'S NAME FIRST	2	WIDDLE	LAST		S. MOTHER'S MAIDEN NA	E. MIDDLE		ncy LAST	
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	23a. BURIAL, CREMAT	ION, REMOVAL		23c. 1		METERY OR CREMATORY	23d. LOCATION CITY OF TOWN	(0	UNTY	STATE
BP H - 16 60M 1/75 (R A 15 (4))	24. FUNERAL DIRECTO	R Colum	bia Mor	tuary Ser shington,	rvices,	Inc. 250 PA		26 REGISTRA		IRE LEA

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH 2b. HOUR page 3 (TYPE OR PRINT) Dilling RUTH 02-19-83 6:10AM MC ILVEEN 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Dec. 23. DA 1915 EAR Female White 67 7a. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina II.S.A. PRINCE GEORGE'S WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE)
Claims Examiner INDUSTRY PRINCE GEORGE S GENERAL HOSPITAL CHEVERLY Insurance Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13c. CITY OR TOWN 13. STREET ADDRESS SON Annapolis Road 13d INSIDE CITY LIMITS? 20710 Maryland Prince Geo. Bladensburg YES K NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME EvaFIRST Henry MIDDLE MIDDLE Dilling Brown ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT NES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 579 05 7351 Claude T. McIlveen Same as #13 (Husband) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D)_ DUE TO. O Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE O underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED 5 ă IN CERTIFYING CAUSES OF DEATH? NOT YES [71n ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M te 21d. INJURY OCCURRED THE PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE OME. STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 220.1 certify that () (this hamilton) Bendan 10 deceased from 0 3 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated view the body ofter death. 77h SIGNE 22c. DATE SIGNED DEGREE

DHMH - 16 50M 4/B2 (VRA 15, 4)

shoul with

MPORTANT

Francis Gasch's Sons Funeral Home, P.A. Hvattsville, Marvland

23b. DATE

2/22/83

23a. BURIAL, CREMATION, REMOVAL

Riggial

Eclon

P. GOUNTY Maryland

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

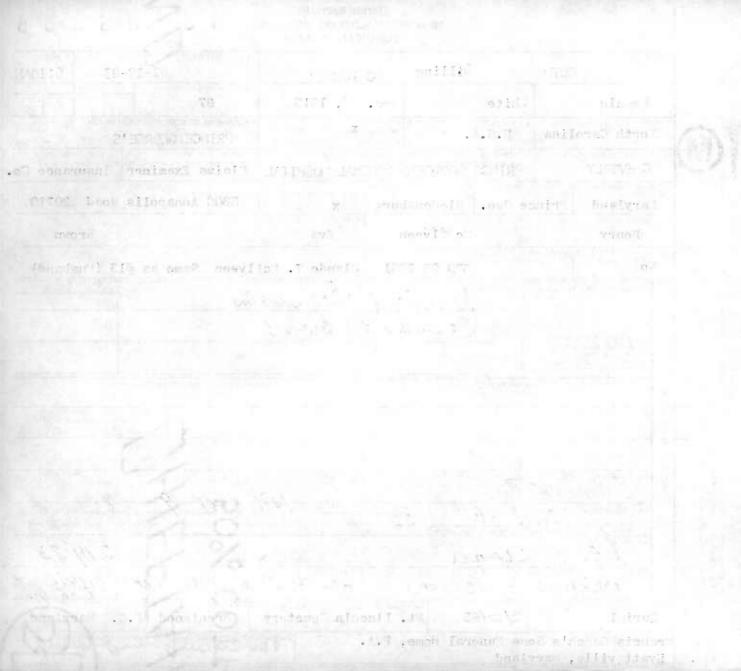
23d. LOCATION

Brehtwood

22e#ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Ft. Lincoln Cemetery



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		Gladys	Mari		McMahan	February	13,1983	1:50
(M)	3. SE:	emale	4. RACE White		DATE OF BIRTH June 2, 1918 YEA	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEA	
nerol and 72 ho		RTHPLACE (STATE OR FOREIGN	U.S.A.	V	MARRIED NEVER MARRIED	Prince G	eorges	
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completely 1 ond 2 sh	14. FA	THER'S NAME Grover	MODIE	May LAST	15. MOTHER'S MAIDE Almedia	NNAME	Horton	AST
n ond con Poges 1 o	16a. V	VAS DECEASED EVER IN U.S. AR		66. SOCIAL SECURIT		Route MacMahan Kearn	evs. West V	irginia
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BP			ION, REMOVAL				Cemetery	Bren	twood	P.G.	Maryl	and
IMH - 17	24 FI	INFRAL DIPECT	TOP	Sons Funer	11		250 DATE	REC'D. BY REGI	ISTRAD THE POP	GISTRAR'S	SIGNIATURE.	

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AY	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3 0 4	5 3 5
(M)		CEASED NAME FIRST Charles	MIDDLE H	MILLEr SR	20. DATE OF DEATH MONTH DAY	16. 110 OK
	3. SE		4. RACE	MILLER, SR.	February 4, 1983	10:00p M
netter. i		MALE	CAUCASIAN	AUG 10, 1911 YEAR	71 YRS.	NTHS DAYS HOURS MIN.
n 72 septe.		IRTHPLACE (STATE OR FOREIGN COUNTRY) VASHINGTON.D.C.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF PRINCE GEO	
of the full state of the state		ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION T ADDRESS) TTAL	120. USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY EVENING STAR
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R ATTENDING hospital or oth hospital or oth hospital or oth hospital or other hospital or use os the hospital of Health or em 21 is morked		220.1 certify that (I) (this hosp saw the deceased alive a	n 19 view the body after death.	, and that in (my) (and apinion	to 2 ~ 4 . 19 death accurred on the date and hour a	nd from the causes stated
L OR the hor tocher tocher be Dep		22b. SIGNATURE	Fretuns		MEDICAL STAFF DIRECTOR PHYSICIAN	215 83
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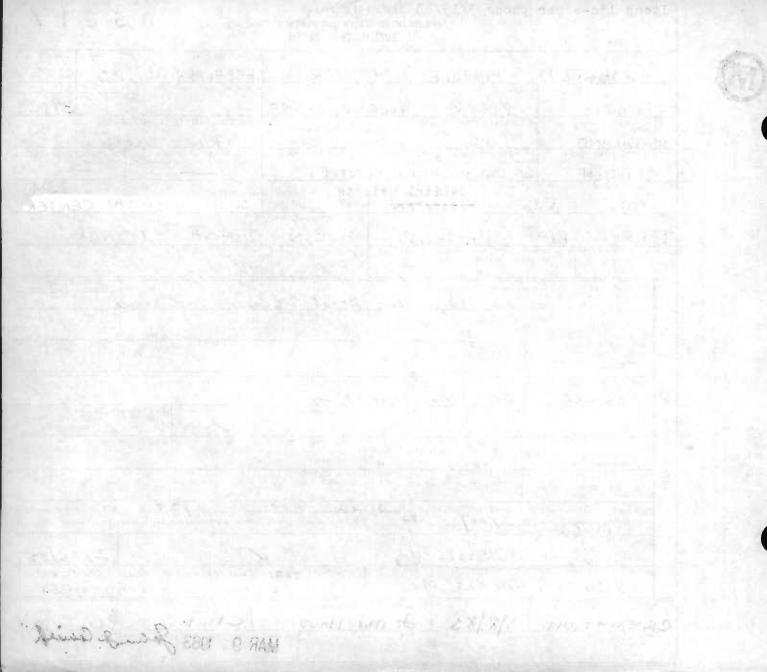
STATE OF MARYLAND

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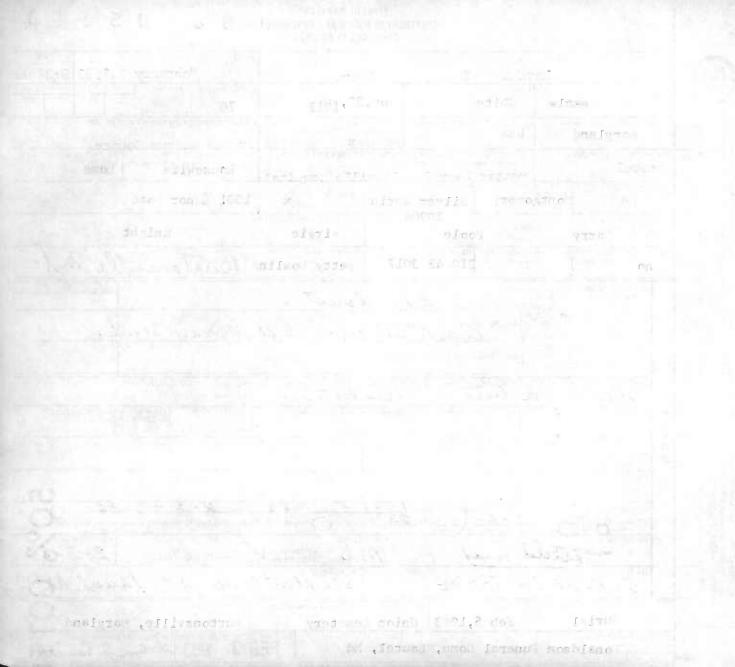
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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours affer death. Page 4 hours offer death. Page 4 hours offer death.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages I and 2 should be filled writing 72 hours are short the State Deat of Health and Mental Houene prior to burial, cremotion, or removal.
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	TO HOSPITAL OR ATTENDING PHYSICIAN; The loveloned by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicis should be detached for use as the buriol-transit permit. Then please remove carbonpapers with the State Deat of Health and Mental Hyanene brian to burial, cremation, or removal.
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BP______ DHMH - 16 50M 7/77 (VR A 15 (4))

Items 13c-e FOR STATE REGISTRAR	per phone 3/15/83 DEPAR	destate of maryland TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	05317
1. DECEASED NAME F	RST MIDOLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
KIMBERL	Y NICOLE	MINOR	FEBRUARY 2	5, 1983 204,
3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
FEMALE	BLACK	FEBRUARY 23, 1983		rs. 37 38
70 BIRTHPLACE (STATE OR FOREK COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED		UNITY OF DEATH
OLINTON	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE SD. MD. HOSPIT	SING HOME OR OTHER INSTITUTION LET ACCRESS) AL CENTER	12st. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126. KIND OF BUSINESS OF
MD 130. STATE	HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEF-	YES NO NO	13. STREET ADDRESS 1410 Karen	20743 Blvd.
TERRY	2AY HAWKII	15 MOTHER'S MAIDEN N ROBIN	DIANA	miNOR
160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? 16h SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS - Wincea	
	CANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERL		HOPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITE	n 18, PART 1 OR PART 2]
THE EITHER, NOTHER MEDICAL EX- 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.]	CITY OR TOWN	COUNTY STATE
saw the deceased abave (1) we) (did)	s haspital) attended the deceased fram live an 3/34/19. did not view the body after death.	, and that in (my) (aur) apinion		, 19 3 , that (I) (we) la I haur and from the causes stated
22b. SIGNATURE D. P.	ila. C. Harris A	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED 2 / 2 5 / 8 3
22d. PHYSICIAN'S NAME VIGILA	ila. C. HCENSIS M. (TYPE OR PRINT) . C. HARRIS M.	22e. ADDRESS 780/	DLDBRANCH	
230 BURIAL, CREMATION, REA (SPECIFY)	100 AOVAL 236. DATE 236	MAME OF CEMETERY OR CREMATORY		COUNTY STATE
24 FUNERAL DIRECTOR	ACORESS	250. DA	TAR 9 BY RECUSE'S RESIDENT	G STRAR'S GIGNATURE



	1	FOR - STATE REGISTRAR	DEF	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH	GIENE 3 3 Q	5318
6		CEASED NAME FIRST	WIDDLE	Ü	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
og A			rtha I	Me	oore	February	2,1983 6:28 Am
ge 4 may	3. SE	x Female	4. RACE White	S. DATE O	F BIRTH 30,1912 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 70 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
heoth. Page in 72 hours	7a. B	IRTHPLACE (STATE OR FOREIGN COUNMARY LAND	76. CITIZEN OF WHAT COUP USA	MARRIED WIDOWE	NEVER MARRIED DINORCED	Prince George (
by the further desired within		aurel	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Greater Laure	STREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING NOUSEWITE	126 KIND OF BUSINESS OR
filled in could be in	USU 130.	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)		131501 Edhor Roa	a 20904
completely filled I and 2 should it	14. F.	ATHER'S NAME FIRST Harry	Poole Poole)904 st	15. MOTHER'S MAIDEN NA	ME MIDDLE Knig	ht LAST
cate be executed within 24 sysicion and campletely filler apers. Pages I and 2 should val.	16a \	VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL 21.9 42	SECURITY NO. 2 301.7	17. INFORMANT Betty Dowlin	ng Burlans	elle md.
NG PHYSICIAN: The low requires that the death certificate attending physician. After this certificate has been signed by the ottending physici as the buriol-transit permit. Then please remove carbon paper th and Mental Hygiene prior to burial, cremation, or removal.	ATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON- (b) CONTRIBUTION CONDITIONS CONTRIBUTION 196. CONDITION FOR W	SEQUENCE OF G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G 200. AUTOPSY? 20b. IF Y	IVEN IN PART To
SICIAN: The land physician. certificate hos rial-transit per ental Hygiene tem 18 shaws:	L CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		H DAY YEAR	21c. HOW INJURY OCCUR		FERT I OR PART 2)
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OR ATTENDION TO PROSPITED ON A PROSPITED ON PRECTOR: A Coched for use Dept. of Head I is m.		220. I certify that (1) this hospir saw the deceased live an above (1) we) (did) did no 22b. SIGNATURE		_19 <u>_3</u> , an	DEGREE	death accurred an the date and he	22c. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME (TYPEO	A TORRE		320 Moret	Germery St.	Laurel, Attoro
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	^{236. DATE} Feb 5,1983		emetery or crematory	23d LOCATION CITYORTOWN Burtonsville,	COUNTY STATE Maryland
DHMH - 16 50M 4/82 · (VRA 15, 4)	24. F	UNERAL DIRECTOR NAME Donaldson F	Funeral Home,	Eaurel,		B 9 1983	STRAKS SIGNATURE



7	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 0 5 5 5 CERTIFICATE OF DEATH STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 REG. NO.	19
ge 4 may be ector, page 3 rs after death	(TYPE OR PRINT) Clara J. Moore 2. 15. 83 3. SEX 14 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF JUNDER 1 YEAR	8 OS PM IF UNDER 24 HRS. HOURS MIN.
ff Rovers of the funeral direction of the funeral direction of the funeral direction of the filled of once.	70. BIRTHPLACE (STATE OR FOREIGN 76 CITYZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTHORE CITY OR COUNTRY OF DEATH COUNTRY) WIDOWED DIVORCED 120. USUAL OCCUPATION (IF NOT, IN SUCH FACILITY, GIVE STREET ADDRESS) HYATS VILLE M DIVING HOME THURST OF WORK FOR MOST OF WORK HOS LIFE; INDUSTRY SWITCH DOWN OF ORMAN CITY.	MD. BUSINESS OR
MARYLAND 215 E & Aluck A ed within 24 hou mpletely fill ond 2 fell gromin	JUSTIAL RESIDENCE (IF NURSING HOME OR OTHER ASTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE Maryland PrinceGeo. Mt. Rainier 13. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME	20822 11th
be execut on and co	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) I FYES, GIVE WAR OR DATES) 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 2106 Apple Tree Silver Spring. Mo	lane
01 W. PRESTON St., B M. I.ME** That the death certifice d by the attending phy lease remove carban pa ial, cremation, or remov or other traumatic event	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. A	ATE INTERVAL ISET AND DEATH R3
VITAL RECORDS, 29 CANL Ext CANL Ext Clans. The low requires physicion. Tificate has been signe. Intransit permit. Then pl and Hygiene prior to burn m 18 shows any injury.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDUITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDUITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDUITIONS CONTRIBUTION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDUITIONS CONTRIBUTION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDUITIONS CONTRIBUTIONS CONTRIBUTION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDUITIONS CONTRIBUTIONS CONTRIBUTION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDUITIONS CONTRIBUTIONS CONTRIBUTION GIVEN IN PART 1(0) PART 2. OTHER SIGNIFICANT CONDUITIONS CONTRIBUTIONS CONTRIBUT	GS USED OF DEATH?
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DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR Columbia Mortuary Services, Inc. 250 DATE RECID. BY REGISTRAR 256	X.

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20M 4/82

AND SELECT THAT, O'VE THAT THE SERVICE TO SELECT and the state of the Control of the state of . . Di andounino sent

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 2b. HOUR FEB. 14, 1983 IF UNDER 1 YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE'S COUNTY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired - Foremanfed. Gov't. 118 Iroqueis Way 20745 Robinson Edith M. Moyer same as item 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 2/15/83 PHYSICIAN DIRECTOR PHYSICIAN COUNTY

DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR (VRA 15, 4)

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill. Md.

250 DATE REC'D. BY REGISTRAR THE REGISTRAR'S SIGNATURE

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2/15/83	- da				

8	1.	FOR - STATE REGISTRAR		DEPARTA	NENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH		0 5 3	1 2 2
y be oge.		CEASED NAME FIRST		MIDDLE S.		LINS	REG. NO. 20. DATE OF DEATH MONTH 02-0	DAY YEAR	26 HOUR 7:50PM
moy or, pool	3. SE	x 'emale	4. RACE White		5. DATE C	of Birth ch 40ay 1921ar	6. AGE (IN YEARS LAST BIRTHDAY) 61 YRS		HOURS MIN.
D (M) 25	P	RTHPLACE (STATE OR FOREIGN COUNTRY) ennsylvania	U.S.A.		WIDOWE		9. BALTIMORE CITY OR COUN PRINCE GEORGE	E'S COUNT	MD.
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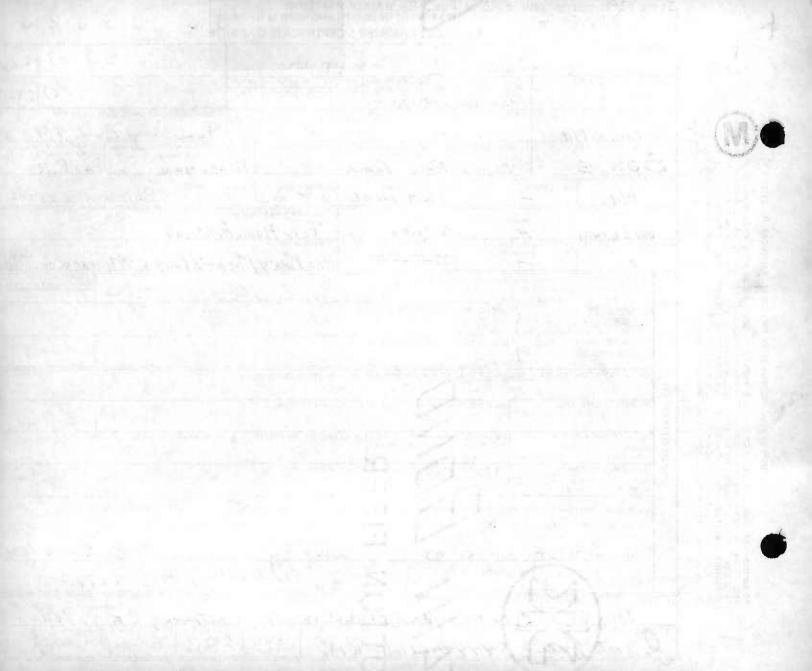
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DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI-Lloyd F. DEATH MATED Nesbitt 0 4 RACE 5 DATE OF BIRTH & AGE (INYEARS IF UNDER TYR IF UNDER 24 HRS 2c. DATE W HOUR LAST BIRTHDAY PRONOLINCED Male White Sept. 28, 1920 62 DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. ☐ Prince George's County New York WIDOWED [DIVORCED CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

835 Fairview Ave. Apt-2 Takoma Park Brakeman Wash. Ter. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Zip Code - 20912 13e STREET ADDRESS 134. INSIDE CITY LIMITS? P.G. 13c. CITY OR TOWN 835 Fairview Ave. Apt-2 Maryland Takoma Park YES X NO [4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Nesbitt Minnie Ruth Fuller L. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO Address Same as IYES, NO. OR UNKNOWN) 578-16-0747 W.W.II Mrs. Daisy M. Nesbitt No# 13e. Yes-Army APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ma Carflias IMMEDIATE CAUSE (a). Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4 I CERTIFICATION 19a DATE OF OPERATION USED / 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF PRIOR TO BURI YES T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) FORWARDED TO THE HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinian Notural causes Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) Feb. 26, 1983 5632 Annapolis Road Suite#4 EXAMINER'S NAME Said A. Daee, M.D. Bladensburg, Maryland (TYPE OR PRINT) ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 3 - 1 - 83Maryland Vet. Cemetery Cheltenham P.G. Md. BP 250. DATE REC'D. BY REGISTRAR 176. REGISTRAR'S SICHATURE 24 FUNERAL DIRECTOR **DHMH - 17** F. Gasch's Sons F.H. P.A. Hyatts. Md. (VR A15 ME (5))

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STATE OF MARYLAND

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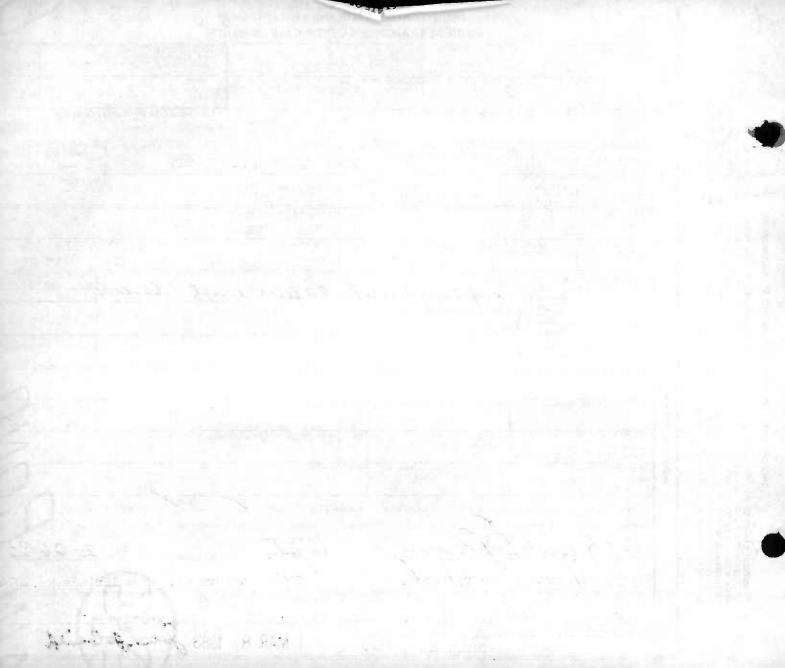


108	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 5 3 2 6 STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.							
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ler do	3. SEX	emski	CAUCASI AN	5. DATE OF BIRT	H . 2 1921	6. AGE IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS	
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IER cote be executed within 24 cote be executed within 24 opers. Pages 1 and 2 should wol. rt, the medical examiner fruit	14. FA	THER'S NAME FIRST FONC TO	MIDDLE JOR	IST IS. M	OTHER'S MAIDEN NA	WE NIDDLE	2	LAST	
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OR he he he horder oche		obove, (I) (we) Idid) (did no	view the body ofter death.	DEGRE	ATTENDING PHYSICIAN	MEDICAL STAF	F	/15/83	
ro Hospital. etained by th TO FUNERAL should be dete with the Stote		ANDRES LARA	, M.D.	9		-Severn Rd	. Lanham, J	Md. 20801	
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George P. Kalas Funeral Home Oxon Hill. Md.

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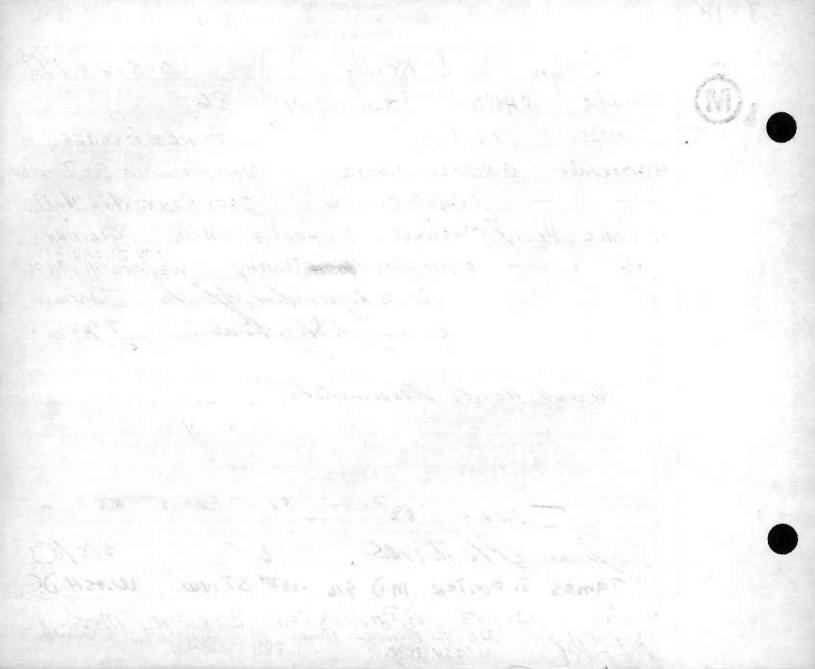
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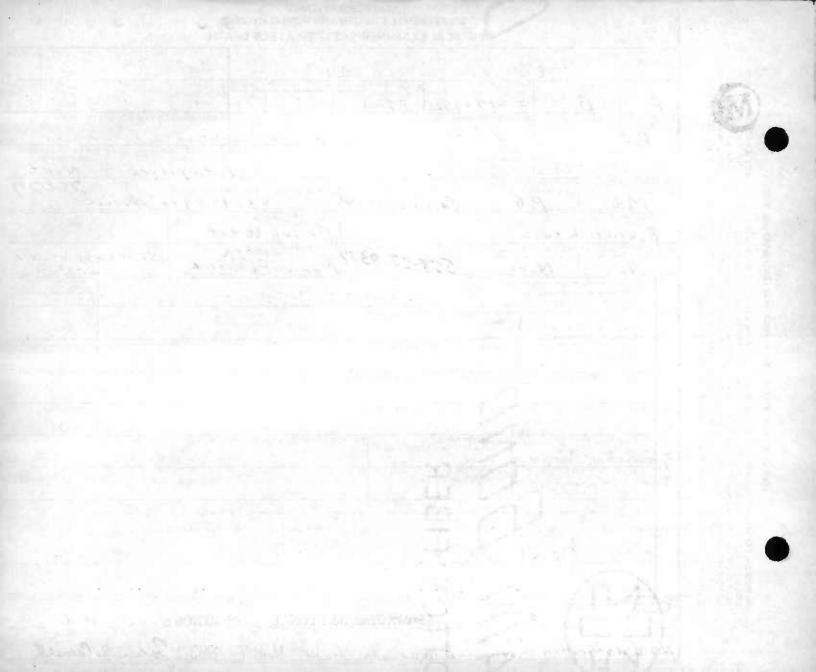
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rked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
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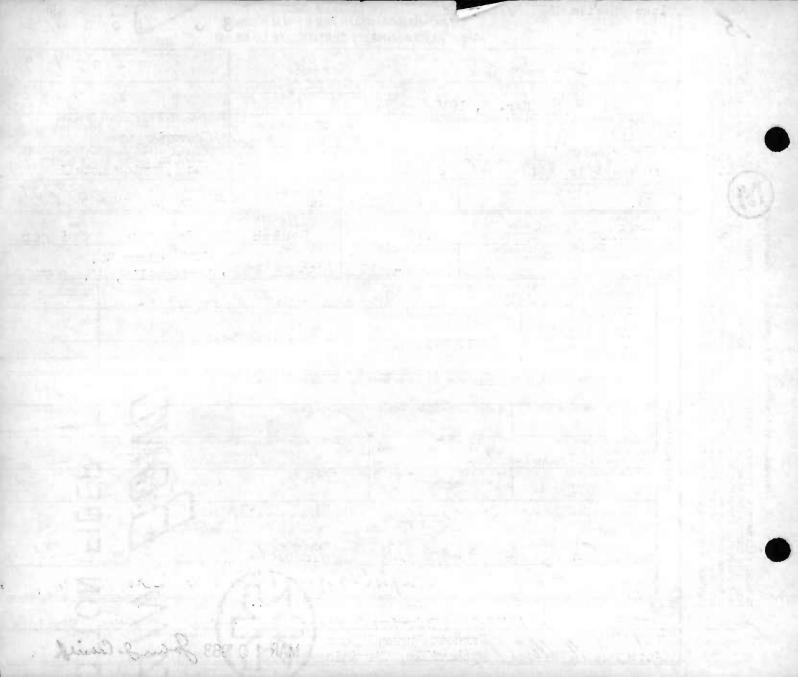
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AND AND SMALL STATE OF THE PARTY OF THE PART	
Tageles Commission Com	



1.		OR				DEPART			MARYLAN H AND M		YGIEN	E 13		0 5	5 3	3	3
100		TATE EGISTRAR			ME	DICAL	EXAMI	NER'S	CERTIFIC	CATEC	F DEA	TH	REG.	NO.			
T.		EASED NAME	FIRST			MIDDLE			LAST				KNOWN	MON	ITH DAY	Y YEAR	26. HOUR
	(ITTE	OKPRINT	MABEL					OW	ENS			OF DEATH	ESTI- MATED	× 2	22	19 83	3 "
3.	SEX	1	4. RACE	SEDAT	E OF BIRTH	YEAR	6. AGE (IN		NDER 1 YR.	IF UNDER	24 HRS.	2c DATE		MÓN	TH DAY	Y YEAS	EW. 11001
	F		B	3		1925		YRS.	DATS	HOURS	MIN,	DEAD		2	25	19 83	2:15
7	a BIR	THPLACE (ST	ATE OR	7b. CIT	IZEN OF W	HAT COUN	TRY?	8. MARI	HED NE	VER MARR	IED 🔲	9 BALTIN	ORE CIT	Y OR CO	JNTY OF	DEATH	
L		D.C.			4. 2.	H.		WIDO		DIVORC		Princ	ce Ge	orge	's C	ount	V MD
) 10). CIT	Y OR TOWN	OF DEATH	(IF h	NOT IN SUCH FA	ACILITY, GIVE S			HER INSTITU	MOITI		JAL OCCU	PATION (TYPE OF WO	RK 12b. K	CIND OF E OR INDUS	SUSINESS STRY
			Heights		58th						11	nem	ploy	red		No.	ne
	SUAI la. ST		IF IN NURSING HOME C		NSTITUTION, G		OR TOWN	1 .1	13d. INSIDE C	NO 🔀		EET ADDRE	8 + h.	AV	rnue	200	027
17	4. FA	HER'S NAME	1 /	MIDDLE		V M L V	LAST		F	ER'S MAIDI	EN NAME	- 6 ^	AIDDLE			LAST	
		oben						177.10	Beu	,/oh	We	57	ADDRE				
118	(YES	NO, OR UNKNO		WARORD	RCES? ATES)	577	7-22-	837	Mun	MANISI	5+41	+ 14 W	115	57 M	IORS	1004.	N.E
F	T	IB. CAUSE OF	F DEATH (Enter on	ly one co	ouse per line	for (o), (b)	ond (c).)		17	7						APPROXIM/	ATE INTERVAL
	0	PART I DE	ATH WAS CAUSED	D BY:	Λ.			ephri	tis w	ith al	bsces	ses			6.6	TWEEN ON:	SET AND DEATH
		59	02		DUE TO, OF				0.10		6 ma		1511	1-1-1			
	-	Condition	is, if ony, which		(b).												
		cause (o)	stoting the under-		DUE TO, OF	AS A CON	SEQUENC	E OF					15.50				
ı		lying cou	se lost.		(c)												
		PART 2 DTHER SIG	GNIFICANT CONDITIONS	CONTRIBUT	TING TO DEATH	BUT NOT RELA	TED TO THE TE	RMINAL DISEA	SE DR CONDITID	N GIVEN IN PA	RT I iol.	5 102					
1	<u></u>	19a. DATE OF	OPERATION	1	19h CONDI	TION FOR	WHICH OP	ERATION V	VAS PERFOR	RMED?					120	AUTOPS	γ?
	FIC										1				1	YES 🔯	
-	ERT	21a EXTERNA	L CAUSE WAS		21b. TIME O				OW INJURY	OCCURRE	ED LENTER	NATURE OF IN	JURY IN ITEM	18 PART 1 O	R PART 2)	1E2 M	140
	MEDICAL CERTIFICATION	UNDERLYING	OR NG CAUSE OF I	DEATH	HOUR A.A	MONTH											
	음	ZId. INJURY O			21e PLACE	OF INJURY			CATION				Bull		-10-1	13-72	
	WE	WHILE AT WORK	NOT WHILE C		STREET, FAC	TORY, FARM, E	(C.)		STREET			CITY OR TO	IWN		COUNTY		STATE
	1	220. I certif	y that I took charg	ge of the	remoins de	scribed abo	ve, held on	Auto	osy X.	Inspectio	n .	Inquiry		ond in m	y opinion		
10	1	deoth resulte	d from: Notur	rol couse	es X.	Accident		Suicide	, Homi	cide .	Undet	ermined m	onner [],			
1			h	1						SPECIFY)							
1		ACTUAL SIGNATURE_	AW	N,	A	XX			ASS ASS	istan	MED	ICAL EXAM	MINER	SIC	SNED_2	2-26-8	83
1		EXAMINER'S I		M.	Dixor	. M.D			ADDRESS	111	Penn	St.,	Balt	0	Md.	2120	1
2	1	BETTE STATE OF THE PERSON NAMED IN	ION REMOVALTS	71h DAT	F			EMETERY (OR CREMATO			CATION					
	9	-	100111111111111111111111111111111111111	3-3	-83	BA			NATIC	NAL	BA	METL	OKE .	FIL		nd	STATE
	,	NERAL DIREC	, ,		2 ADDRES							REGISTRA		GISTRAR	'S SIGNA	ATURE	
1	H.:	7.WH3	hinyton	1	Vanni	+ Bur	LROUG	165 /	Ive NE	MA	K'/	1983	X	My	2	she	4
													17				



	1 DE	STATE REGISTRAR CEASED NAME FIRST E OR PRINT)	elyn	MICAL EXAMINER	C'S CERTIF	TON	20. DATE OF	REG. NO. KNOWN ESTI-	MONTH 2	27 ₁₉	YEAR 26
	3 SEX	FW	5. DATE OF BIRTH MONTH DAY Mar. 3, 1		MONTHS DAYS		MIN. PRONOUN DEAD	NCED	MONTH 2	27	
3	Vi	RTHPLACE (STATE OR REIGN COUNTRY) rginia	USA	W	IDOWED	NEVER MARRIEI DIVORCEI	Che	everly	11e/	P. E	5
4		TY OR TOWN OR DEATH	TO THE NOT IN SUCH OR	ITAL, NURSING HOME, O	R OTHER INSTI		120. USUAL OCCU FOR MOST OF WOR Telephone			izb. KIND OR IN Retai	DUSTRY
5	13a. S	LITESIDENCE (IF IN NURSING HO TATE 136 CO Md.		RESIDENCE BEFORE ADMISSION) 131 CITY OR TOWN Hyattsvil	le YES		13. STREET ADDRE	7 00	cui	cy2	578
1	14. FA	THER'S NAME	WIDDLE	LAST		THER'S MAIDEN		Maare	9	LAST	
4	16a \A	Clifford /AS DECEASED EVER IN U.S.	Lynn	Hall		Beulah	1 5	Swanso	n	Cr	igge
	(YE		GIVE WAR OR DATES)	229-46-3637		chard Or		7 Quin		t.	
	NO	Canditians, if any, what gave rise to immedicate (a) stating the unclying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS	der- (b) DUE TO, OR A	AS A CONSEQUENCE OF	DISEASE OR CONDIT	TION GIVEN IN PART	1 (e).				
7	CERTIFICATION	190. DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPERATI	ON WAS PERFO	ORMED?				20 AUT	OPSY?
,		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH P.M.	MONTH DAY YEAR	21c. HOW INJU	IRY OCCURRED	LENTER NATURE OF IN	JURY IN ITEM 18 PAI	RT 1 OR PAR		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE O STREET, FACTO	FINJURY (ATHOME, 2 DRY, FARM, ETC.)	Of LOCATION		CITY OR TO	WN	cou	NTY	
7		ACTUAL SALL	4	ribed above, held an Accident , Suicid	Autapsy , e , Har	Inspection micide	Undetermined m		DATE SIGNED	7 -	- 20
4	do	EXAMINER'S NAME	636 0	major	ADDRESS	5 001	alevis	2	11	20	7/1
	(5	JRIAL, CREMATION, REMOVA PECIFY) Burial		23c. NAME OF CEMET			23d, LOCATION CITY OR TOWN	7	COUN		state irgi
2	I	Surial Uneral director	3/3/1983 // Bar	Fairview nett Funeral heville. Vir	Cemeter Home	'V	Ivanhoe CCD. BY REGISTRA 0 1983		Vythe		



(VRA 15, 4)

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1.	FOR STATE REGISTRAR			ICAL EXAMI		ND MENTAL H	F DEATH	U	2	0 0	
1.0	ECE ASED NA			WIDOLE	IA:			REG. NO		DAY YEAR	Zb HOUR
	TYPE OR PRINT)	INEZ	- 1	SARNE	5	PERNY	OF	ESTI-	2 A	6 83	7.50
3. S	EX Z	1 1 M	OATE OF BIRTH	YEAR LAST BIRTH		DAYS HOURS	24 HRS. 24. DA MIN. PRONO DE	JNCED	MONTH 2	6 83	7 HOUR
24/	BIRTHPLACE FOREIGN COUNTS		CITIZEN OF WHA		8. MARRIED	NEVER MARRIE	ED 3	MORE CITY O		OF DEATH	3/4-1
× / / / / / ×	CITY OR TOW		NAME OF HOSP	ITAL, NURSING HOA	WIDOWED ME, OR OTHER		12a USUAL OCC		OF WORK 12	L KIND OF BU	USINESS
S	Seat	E (IF IN NURSING HOME OR OTI	7102 -	GRIEG C	:1. 5E	AT PLEBANT	RETI	KED	2	RINTING	
35 130.	STATE	D. 13b. COUNTY	Le C	134. CITY OR TOWN SEAT PLEA	13	d. Inside city limits? YES NO 🗆	13e STREET ADD	7/0	2 0	neig &	73/
1/00	FATHER'S NA		DDLE	BARNES	1:	MOTHER'S MAIDE	NAME	MIDDLE	1.	LAST	7
160.		SED EVER IN U.S. ARMED		16b. SOCIAL SECUR	ITY NO. 17	INFORMANT		ADDRESS	MIST	ONK	,
IOISIO	(YES, NO OR UNI	(NOWN) (IF YES, GIVE WAR	OR DATES)	579-22-	2344	SHEILA !	PELRY-	SCRT	PLEA.	SANT	MD
HYGENE, DIVISION OF LITAR REWOVAL.	18 CAUSE PART I	OF DEATH (Enter only or DEATH WAS CAUSED BY	ne cause per line f	or (a), (b), and (c).)						APPROXIMAT BETWEEN ONSE	
HYGIENE, MOVAL.	7	23 SAMEDIATE C		IS A CONSEQUENCE	FOF	mas	rest				
DEPARTMENT OF HEALTH AND MENTAL HYGIEN 1 PRIOR TO BURIAL, CREMATION, OR REMOVAL. MEDICAL CERTIFICATION		tions, if any, which		dre	bets						
8	couse	rise to immediate (a) stating the <u>under-</u>	DUE TO, OR A	S A CONSEQUENCE	E OF						
Ž	lying	cause lost.	(c)	ale	show	i m		He C			
2		R SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE O	R CONDITION GIVEN IN PAR	T 1 (a.,				
CERTIFICATION	19e. DATE	OF OPERATION	196 CONDITI	ON FOR WHICH OP	ERATION WAS	PERFORMED?				20. AUTOPSY	?
7			3.							YES	NO 🗆
ALCER	210. EXTER	NAL CAUSE WAS NG OR JTING CAUSE OF DEA		MJURY MONTH DAY YE.	AR 21c. HOV	V INJURY OCCURRED	D LENTER NATURE OF	INJURY IN ITEM 18 P	ART 1 OR PART 2	1)	
MEDICAL	21d. INJUR	YOCCURRED	21e PLACE O	FINJURY (AT HOME,	21f. LOCA		CITY OR			***	CTAY
2	AT WORK	NOT WHILE AT WORK	STREET, FACTO	NI, CARM, ETC.)	SIRE		CITY OR	UWN	COUNT	Ť	STATE
	22a. l ce	ertify that I took charge of	the remains descr	ibed abave, held an	Autapsy	, Inspection	Inqui	y , and	d in my opini	ion	
<u>Z</u> .	death res	ulted from: Natural co	auses 🗸	Accident .	Suicide,	Homicide .	Undetermined	monner,			
	ACTUAL SIGNATUR	SAMO.	A. DA	-REN	M.D.	Deput	MEDICAL EX	AMINER	DATE SIGNED.	2-6-	8
2	EXAMINER (TYPE OR F	R'S NAME)	Darce /		•		N X D	
23	BURIAL CREA	MATION, REMOVAL 23b. E	PATE	23c. NAME OF C		CREMATORY O	23d LOCATION		Carre		7.475
L	BU	RIAL 2-	10-83	HARM	00V 1	nem. PK.	HICHO	DUA	PK.	MI	Z
24.	FUNERAL DIF	RECTOR	ADDRESS	4925 101.1	4 BURR	WHS 250 DATE R	EC'D. BY REGIST	RAR PEGIS	STRAR'S SIG	NATURE	1
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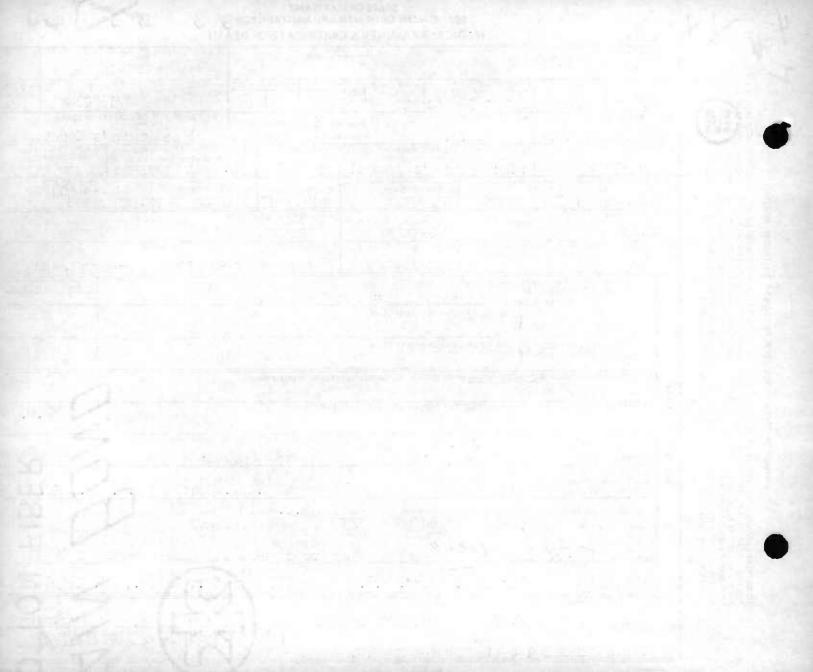
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 28. DATE KNOWN X MONTH DAY PHILPOTT (TYPE OR PRINT) **ALPHONZO** EST1-2/16/8310 DEATH MATED SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 2/16/8319 MALE BLACK AUGUST 5 DEAD 53 29 YRS TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED WASHINGTON D.C. U.S.A. Prince George's County WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Prince George's General Hospital Cheverly DRY WALL FINISHER CONSTRUCTION 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS PRINCE GEORGE MARYLAND LANDOVER 3419 DODGE PK. RD # 103 YES X NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST GEORGE PHILPOT BIRDELL FULCE 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS UNK 577-70-4756 JENEF ANDERSON 12428 Shawmont La BOWIE 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 102 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSYH. O. TO BURI YES X 21a EXTERNAL CAUSE WAS 214 TIME OF INJURY HOUP A MONTH DAY YEAR 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 7:20PM2/16/88 self-inflicted gunshot wound 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME STREET, FACTORY, FARM, ETC.) WHILE AT WORK 3419 Dodge Pk. Rd., Kentland, P.G. Co., Md. home Autopsy X. H. Quection 220. I certify that I took charge of the remains described above, held an TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE F
TO FUNERAL DIRECTC
AFTER DEATH, WITH THE Homicide ____ Undetermined manner TITLE (SPECIFY) ACTUAL MD Assistant MEDICAL EXAMINER 2/17/83 SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY 2/21/83 BURIAL BP WASHINGTON NATIONAL SUITLAND MARYLAND 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5) JOHNSON & JENKINS INC 716 KENNEDY ST N.W. 20M 4/82



1	FOR	D	EPARTMENT OF HEALT	TH AND MENTAL HY	SIENE 3	1534
	= STATE REGISTRAR	MED	ICAL EXAMINER'S	CERTIFICATE OF	DEATH REGINO	
	DECEASED NAME . FIRST		MIDDLE	LAST	20 DATE KNOWN	MONTH DAY YEAR 26. HOU
	WILLIA	IM HC	DLT PILI	LOW	OF ESTI- DEATH MATED	2-20,83
3 3	MALE WHITE	Jan. 12	4 AGE (IN YEARS IF L LAST BIRTHDAY) MOR 1917 66 YRS.		HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 24 HOLL
70	BIRTHPLACE (STATE OR	76. CITIZEN OF WH.	MAR	RRIED NEVER MARRIED	9. BALTIMORE CITY O	
	CITY OR TOWN OF DEATH Bladensburg	5999 Emer		ther institution 12	O USUAL OCCUPATION (TYPE FORMOST OF WORKING LIFE)	
	SUAL RESIDENCE (IF IN MASSING HO STATE Maryland Prin		REPOENCE BEFORE ADMISSION) 13. CITY OR TOWN Bladensburg	13d. INSIDE CITY LIMITS? 13	5999 Emerson S	10 Street Apt 207
) 14.	FATHER'S NAME William	'homas	Pillow	is mother's maiden Martha	Jane	Holt
160	WAS DECEASED EVER IN U.S. (NES, NO, OR UNKNOWN)	ARMED FORCES?	166. SOCIAL SECURITY NO. 577 18 8604	Dorothy P.		Quaint Acres Dr. er Spring, Md.
200		(c) Ons <u>contributing to death</u> 80	JT NOT RELATED TO THE TERMINAL OISE	ASE OR CONDITION GIVEN IN PART I	(0),	
2	19a DATE OF OPERATION	19b. CONDITI	ON FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY? YES \(\sqrt{NO} \) \(\text{P}' \)
	190 DATE OF OPERATION 210 EXTERNAL CAUSE WAS 210 EXTERNAL CAUSE WAS CONTRIBUTING CAUSE OF 210 INJURY OCCURRED WHILE NOT WHILE		MONTH DAY YEAR	HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 P	
1	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE O STREET, FACTO	FÎNJÛRY (ATHOME, 211 L DRY, FARM, ETC.)	OCATION STREET	CITY OR TOWN	COUNTY STATE
<u>Z</u> -	22a. 1 certify that I taak ch	atural causes	Accident , Suicide .	Hamicide	Undetermined manner ,	DATE 2 - 20 - 25 SIGNED X - 20.20748
5 23	BURIAL, CREMATION, REMOVA	2/23/83	Maryland Na	ORNEROWING TO THE	23d. LOCATION CITY OR LAWREL P	O.G. Maryland
5))	Francis Gasch's Hyattsville, N		al Home, P.A.		CD. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 3 4 3

1	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	D.			
1		EASED NAME	FIRST	1	MIDDLE	l	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
-		OR PRINT)		L.		PO	RTER	Feb. 5 19	83		2 a	M
1	3. SEX			4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER 1 YEAR	IF UNDER 24	4 HRS
1	Fe	emale		White	2	Feb.	1, 1907	76	YRS.	MONTHS DAYS	HOURS	MIN.
Ц	7a. BIF	THPLACE (STATE ORF	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		Y OF DEATH				
3	de	ountry) irginia		USA		WIDOWE	D NEVER MARRIED D	Prince Geo	rge's	s County	7	MD.
1		TY OR TOWN OF DEA	TH	11. NAME OF		G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATE	NC	12b. KIND (OF BUSINES	
и	C	Linton	1	Souther	rn Maryla	nd Ho	sp. Ctr.	Housewife		LIFE) INDUSTRY		
4	USUA	L RESIDENCE (IF NURSI		OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						
◁	130 S Ma	ryland	188. COUN	rles	Waldor:		YES NO	3208 Devo	n ah	iro Po	20 20	0601
1		THER'S NAME	Cila	ries	I Waldol.	1	15. MOTHER'S MAIDEN NA		MSH.	TIE KO	au -	
1	TAT	illiam		P.	Hanger		Susan	Frances		Rhode	ST	
100		AS DECEASED EVER			166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRE	SS	Idiode	5	
2	(Y	ES NO OR UNKNOWN)		E WAR OF DATES	578-78-		Roger D. Po	orter/Son	S	ame as	#13	
							moger b. r.	OT CCT/ BOIL				Δ1
		PART I. DEATH W.	H (Enter an AS CAUSE	lly ane cause per DBY:			0.11.10.0.110.0	Y ARRE	ST	BETWEEN	ONSET AND D	EATH
		11100	IMMEDIA1	E CAUSE (a)	CHI	0101	PULMONAR	7	71	-		
1		4100		DUE TO, O	R AS A CONSEQUE	NCE OF	MYOCARDI	AL FAICE	R. T	in		
		Canditians, if any, gave rise to imm		(b)_	HCU	TE	MIOCHEDI	MC TIMI	13/6 1	1014		
-1		cause (a), stating		DUE TO, O	R AS A CONSEQUE	NCE OF						
-				((c)								
1	z	1		-			NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITIONG	IVEN IN PART 1	a	
4	CERTIFICATION		ABE	1 1	MELLIT	9 2		ToTonswa	Lani IF V	C MEDE EINED	100	
7	CA	19a. DATE OF OPERAT	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDI		1?
~	RTIF		and the same of th					YES NOW		res 🗌	NO 🗆	
7		210. ACCIDENT WAS UND	_	216. TIME O	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	RY IN ITEM 18	PART I OR PART 2)		
/	CAL	(IF EITHER, NOTIFY MEDIC			M.	19						
	MEDICAL	21d. INJURY OCCURR		21e. PLACE	OF INJURY	ARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STA	ATE
	~	AT WORK AT WOR	ILE					211		Sr. m		
		22a.1 certify that (1)	(this haspi	tal) attended th	e deceased fram_	(7)	1982	, to			that (1) (we	
-		saw the decease abave, (I) (we)	d alive an	t) view the bady	after death.	<u>Y</u> , ar	nd that in (my) (aur) apinian	death occurred an the de	ate and ha	our and fram the	causes stat	ed
		226. SIGNATURE	1	1.01	100		DEGREE		ME	22c DATI	SIGNED	
-		6	YX	TOU	un		ATTENDING PHYSICIAN D	DIRECTOR PHYSIC	IAN	2	15/5	13
\neg		224 PHYSICIAN'S NA	ME (FIPE C	OR PRINT)			9015 Woody	and Dd (7.7	L	1 00	0725
		Gurhuy	H M	achnan	;		BOBY RE	ata ka.	the	ton, M	d. 20	0735
	23a. B	Gurbux URIAL, CREMATION,				NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	th	COUNTY	d. 20	

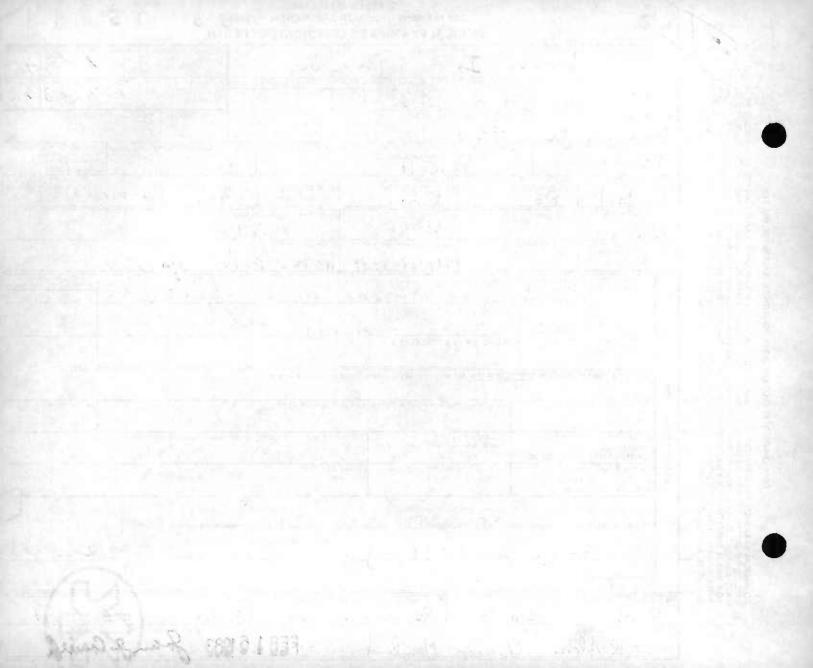
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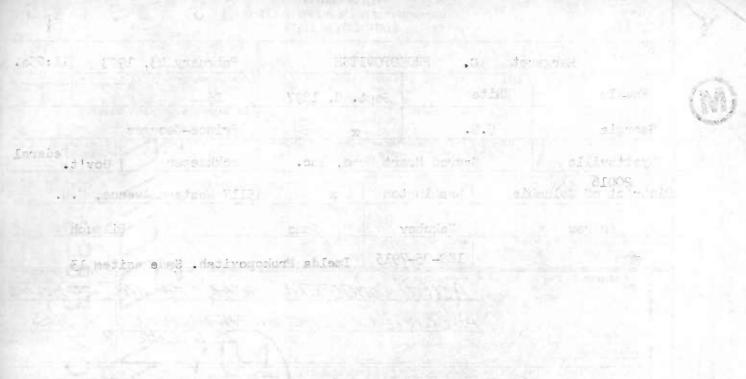
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24. FUR OF THE E. Wilhelm Funeral Suitland, Md. ADDRESS Home



11	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 0 5 3 4	
! /	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	CEASED NAME PEOR PRINT) PROCEST DEATH MATED 2 7 19 46	DUR
3. S	A MONTH DAY YEAR LACT DISTURBEN	OUR 6 M
70.	AShington 7.C. USA WIDOWED DIVORCED 19. BALTIMORE CITY OF COUNTY OF DEATH WIDOWED DIVORCED 1	MD
10.	17 OR TOWN OF DEATH TI. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (170 OF WORKING LIFE) OR INDUSTRY CAFEFER.	5
US 130.	AL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITYMITS) YES D NO D & STREET ADDRESS Family iew 02070	26
14.	ATHERS NAME ALL LIRST MIDDLE Proctor 15. MOTHER'S MAIDEN NAME FIRST Medley	1
	WAS DECEASED EVER IN U.S. ARMED FORCES? VES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS VAILABLE Product SIA	
	18. CAUSE OF DEATH (Enter anly ane cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	AL
	IMMEDIATE CAUSE (o)	
	Canditions, If ony, which	
MEDICAL CERTIFICATION	gove rise to immediate (b). Cause (o) stoting the under- DUE TO, OR AS A CONSEQUENCE OF	
	lying couse lost.	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (g).	_
NO		
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY?	
PTIF	YES NO	
100	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION	
ME	WHILE AT WORK STREET, FACTORY, FARM, ETC.) STREET STREET CITY OR TOWN COUNTY STA	TE
	270 Leartify that I took charge of the remains described above, held on Autapsy . Inspection . Inquiry . , and in my opinion	
	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,	
	ACTUAL SALD DATE 2 - 8 - 8	1
1	SIGNATURE M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D	_
2	EXAMINER'S NAME (TYPE OR PRINT) ADDRESS	1
230	BURIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN CITY OR TOWN P. 6. Md	
24	UNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR'S SIGNATURE	
1	artell Adams Gausso Maryland 20608 FEB 1 6 1983 John & Carriel	
		=



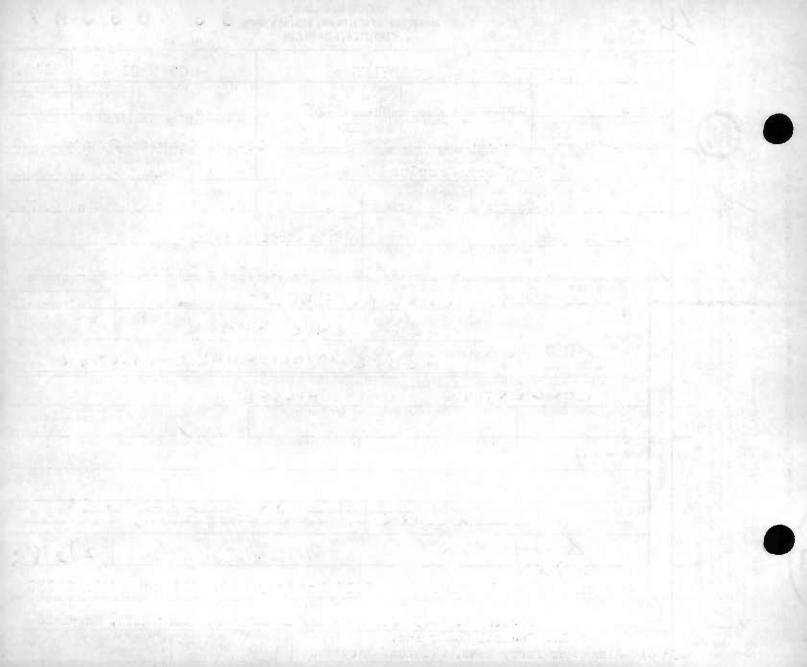


urial 2/28/1983 of tenvarion to the triar large no. The tenvarion large no. The control of the tenvarion large no.

	REGISTRAR CEASED NAME	FIRST		MIDDLE		LAST		DATE KNOW		ONTH DAY	YEAR	Zb. HOU
(17	PE OR PRINT)	Will	liam		Pur	^vey	- 6	OF ESTI-		2/9/83	319	
3. SE	X 4 R	ACE	5. DATE OF BIRTH	6. AGE (IN)	YEARS IF UN	DER I YR. IF UNDE		C. DATE	MC	ONTH DAY		9:125
c.		gro	Dec. 25	1923 59	YRS.	15 CATS HOURS		DEAD		2/9/83		AM,
F	OREIGN COUNTRY)	OR	100	VHAT COUNTRY?	8 MARRI	ED NEVER MAR	RIED 😿 9	. BALTIMORE C	ITY OR CO	OUNTY OF	DEATH	
	aryland	DEATH	USA	OSPITAL, NURSING HOA	WIDOW			Princ	ce Ge	orge!	S COU	
-		DEATH	(IF NOT IN SUCH I	FACILITY, GIVE STREET ADDRESS)		FOR MC	OST OF WORKING LIFE		WORK 1120 K	OR INDUST	RY
SU		NURSING NOME	OR OTHER INSTITUTION, (SION)	<u>Hospital</u>		abor				
	Maryland	Cal	vert	Sunderlar	nd	13d. INSIDE CITY LIMITS?	13e. STREE	. 6. Box	93	20	0689	
	ATHER'S NAME	, var	WIDDLE	LAST		15 MOTHER'S MAIL		MIDDLE			LAST	
	Benjamin			Purvey		Susie		MIDDLE		Hurl		
6a. \	WAS DÉCEASED EV (ES. NO, OR UNKNOWN)		RMED FORCES? E WAR OR DATES)	166. SOCIAL SECUR		17. INFORMANT			DRESS			
_	no			579-18-18	379	Josephin	e Broo	ks-P.O.	Box			
	IB CAUSE OF DE PART I DE ATH	ATH (Enter or	nly ane cause per lin	ne for (a), (b), and (c).)	arahra	al trauma				BE	APPROXIMATE TWEEN ONSE	E INTERVAL T AND DEATH
	0100	MMEDIA	ATE CAUSE (o)			ar trauma						
	I In XI		DUE TO, O	R AS A CONSEQUENCE	: Or							
2	Conditions,	if any, which										
7	gave rise	if any, which	e (b)	DAS A CONSTOURNE							26	
	gave rise	ta immediate	e (b)	R AS A CONSEQUENCE	OF							
	gave rise cause (a) stat lying cause lo	ta immediate ting the under- ast.	(c)			TOP CONDITION CIVEN IN	APT 1 (a)					
NO	gave rise cause (a) stat lying cause lo	ta immediate ting the under- ast.	(c)	R AS A CONSEQUENCE		OR CONDITION GIVEN IN A	ART 1 (a).					
ATION	gave rise cause (a) stat lying cause lo	ta immediate ting the <u>under</u> ast.	DUE TO, O (c) CONTRIRUTING TO DEAT		RMINAL DISEASE		ART 1 (a).			20	AUTOPSY:	?
TIFICATION	gave rise cause (a) star lying cause lo	ta immediate ting the <u>under</u> ast.	DUE TO, O (c) (c) 19b COND	N BUT NOT RELATED TO THE TEE	RMINAL DISEASE		ART 1 (σ).			20	AUTOPSY:	? NO []
CERTIFICATION	gove rise couse (a) stor lying couse to PART 2 OTHER SIGNIFI 19a. DATE OF OPI 21a. EXTERNAL C.	to immediate ting the under sst. CANT CONDITIONS ERATION AUSE WAS	DUE TO, O (c) (c) 19b COND	N BUT NOT RELATED TO THE TEE	RMINAL DISEASE			JURE OF INJURY IN	TEM 18 PART I	30		
CAL CERTIFICATION	gove rise couse (a) story lying cause lo PART 2 OTHER SIGNIFI 190. DATE OF OPI 210. EXTERNAL C UNDERLYING CONTRIBUTING	CANT CONDITIONS ERATION AUSE WAS OR CAUSE OF	CONTRIBUTING TO DEATH 196 COND 216 JIME C P.J. DEATH	N BUT NOT RELATED TO THE TELE OF INJURY M. MONTH DAY YEA M. 1/30/198	RATION W.	AS PERFORMED?	ED (ENTERNA			30		
AEDICAL CERTIFICATION	gove rise couse (a) stor lying cause lo PART 2 OTHER SIGNIFI 190. DATE OF OPI 210. EXTERNAL C. UNDERLYING CONTRIBUTING 2 21d. INJURY OCC	CANT CONDITIONS ERATION AUSE WAS OR CAUSE OF	CONTRIBUTING TO DEATH 196 COND 216 JIME CO DEATH 216 PLACE	DE INJURY M. 1/30/198 OF INJURY OF INJURY ACTION TO THE TELEBRICATION OF INJURY OF INJURY OF INJURY (AT HOME	RATION W. 21c HC 3 S1 211. LCC	AS PERFORMED?	ED (ENTERNA		5	1 OR PART 2)		
MEDICAL CERTIFICATION	gove rise couse (a) story lying cause lo PART 2 OTHER SIGNIFI 190. DATE OF OPI 210. EXTERNAL C UNDERLYING CONTRIBUTING	CANT CONDITIONS ERATION AUSE WAS OR CAUSE OF	CONTRIBUTING TO DEATH 196 COND 216 JIME CO DEATH 216 PLACE	N BUT NOT RELATED TO THE TELE OF INJURY M. MONTH DAY YEA M. 1/30/198	RATION W. 21c HC 3 St 211. LOC	AS PERFORMED? DW INJURY OCCURF Ubject fel CATION Senate	ED GENTERNA 1 down Inn,	n stairs	o Pil	1 OR PART 2)	YES X	NO 🗆
MEDICAL CERTIFICATION	gove rise couse (a) story lying cause le PART 2 OTHER SIGNIFI 190. DATE OF OPI 210. EXTERNAL C. UNDERLYING CONTRIBUTING [210] INJURY OCC WHILE NAT WORK	CANT CONDITIONS ERATION AUSE WAS OR CAUSE OF URRED OT WHILE I WORK	CONTRIBUTING TO DEATH 196 COND 216 JIME C PLACE STREET SA Men S	DE INJURY M. 1/30/198 OF INJURY OF INJURY ACTION TO THE TELEBRICATION OF INJURY OF INJURY OF INJURY (AT HOME	RATION W. 21c HC 3 St 211. LOC	AS PERFORMED? OW INJURY OCCURR Ubject fel CATION Senate Larchmont	l dowr Inn, Dr. F	n stairs Marlbor	o Pil	1 OR PART 2)	YES X	NO -
MEDICAL CERTIFICATION	gove rise couse (a) story lying cause le PART 2 OTHER SIGNIFI 190. DATE OF OPI 210. EXTERNAL C. UNDERLYING CONTRIBUTING [210] INJURY OCC WHILE NAT WORK	CANT CONDITIONS ERATION AUSE WAS OR CAUSE OF URRED OT WHILE T WORK at I took charge	CONTRIBUTING TO DEATH 196 COND 216 JIME C PLACE STREET SA Men S	DE INJURY M. 1/30/190 OF INJURY M. 1/30/190 OF INJURY ATHOME. CTORY, FARM, ETC.). Secribed above, held an	RATION W. 21c HC 3 St 211. LOC ar & I	AS PERFORMED? DW INJURY OCCURF ubject fel CATION Senate Larchmont	l dowr Inn, Dr. F	n stairs Marlbor Hillside	o Pil	keounty	YES X	NO -
MEDICAL CERTIFICATION	gove rise couse (a) story lying cause le PART 2 OTHER SIGNIFI 19a. DATE OF OPI 21a. EXTERNAL C. UNDERLYING CONTRIBUTING 21d. INJURY OCC WHILE NAT WORK AT 22a. I certify the	CANT CONDITIONS ERATION AUSE WAS OR CAUSE OF URRED OT WHILE T WORK at I took charge	DEATH 2 P.J. 2 The PLACE STREET, STRE	DE INJURY M. 1/30/190 OF INJURY M. 1/30/190 OF INJURY ATHOME. CTORY, FARM, ETC.). Secribed above, held an	RATION W. 216 HG 3 S1 211 LOS 21 Autops	AS PERFORMED? DW INJURY OCCURE Ubject fel CATION Senate Larchmont Sy X Inspection Hamicide X TITLE (SPECIFY)	I down Inn, Dr. H	n stairs Marlbor Hillside Inquiry [].	o Pil	Keounty G. Co	YES X	NO STATE
MEDICAL CERTIFICATION	gove rise couse (a) stor lying couse le PART 2 OTHER SIGNIFI 190. DATE OF OPI 210. EXTERNAL C. UNDERLYING CONTRIBUTING [71d. INJURY OCC WHILE AT WORK AT WORK] 220. I certify th	CANT CONDITIONS ERATION AUSE WAS OR CAUSE OF URRED OT WHILE T WORK at I took charge	DEATH 2 P.J. 2 The PLACE STREET, STRE	DE INJURY M. 1/30/190 OF INJURY M. 1/30/190 OF INJURY ATHOME. CTORY, FARM, ETC.). Secribed above, held an	RATION W. 216 HG 3 S1 211 LOS 21 Autops	AS PERFORMED? DW INJURY OCCURF Ubject fel CATION Senate Larchmont Sy X Inspection Hamicide X	I dowr Inn, Dr. F	n stairs Marlbor Hillside Inquiry [].	o Pil	keounty	YES X	NO STATE
MEDICAL CERTIFICATION	gove rise couse (a) stoil lying cause le PART 2 OTHER SIGNIFI 190. DATE OF OPI 210. EXTERNAL C. UNDERLYING CONTRIBUTING 2 210. I NJURY OCC WHILE AT WORK AT 220. I certify the death resulted for ACTUAL SIGNATURE EXAMINER'S NAMI	CANT CONDITIONS ERATION AUSE WAS OR CAUSE OF URRED OT WHILE T WORK at I took charge	DEATH 21b JIME C 21b JIME C 21c PLACE STREET, FA Men S ge of the remains de	DE INJURY M. 1/30/190 OF INJURY M. 1/30/190 OF INJURY (ATHOME. CTORY, FARM, ETC.). S room in b escribed above, held an Accident . S	RATION W. 21c HO 3 S1 21l. LOC SI Autops Suicide	AS PERFORMED? DW INJURY OCCURE Ubject fel CATION Senate Larchmont By X Inspect Hamicide X TITLE (SPECIFY) D. ASSISTA	I dowr Inn, Dr. H Ondeter	Marlhor Hillside Inquiry mined manner	o Pil	TORPART 2) REQUINTY G. CO my apinian DATE SIGNED	YES X)., Md. 2/10,	STATE
MEDICAL	gove rise couse (a) stor lying cause le PART 2 OTHER SIGNIFI 19a. DATE OF OPI 21a. EXTERNAL C. UNDERLYING CONTRIBUTING [21d. INJURY OCC WHILE AT WORK] 22a. I certify the death resulted for ACTUAL SIGNATURE.	CANT CONDITIONS ERATION AUSE WAS OR CAUSE OF URRED OT WHILE T WORK AUSE TO WORK AUSE OF WORK AUSE OF WORK AUSE OF WORK AUSE OF WORK ME	DEATH 2 PLACE STREET, A Men September 19 Conditions of the remains design of the remains	DE INJURY M. 1/30/190 OF INJURY M. 1/30/190 OF INJURY ATHOME. CTORY, FARM, ETC.). Secribed above, held an	RMINAL DISEASE RATION W. 21c HC AR 3 S1 21l. LOC S1 Autops Guicide	AS PERFORMED? DW INJURY OCCURE Ubject fel CATION Senate Larchmont By X. Inspection Hamicide X. THILE (SPECIFY) D. ASSISTA	I dowr Inn, Dr. H Ondeter	Marikor Marikor Hillside Inquiry Mined manner ALEXAMINER 1 St., B	o Pil	TORPART 2) REQUINTY G. CO my apinian DATE SIGNED	YES X)., Md. 2/10,	STATE

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x ogsfrebaud twovist bosicies P. 6. Lox 93 1 20689 Syc-th-129 Josephine roots-1.0. Box 9, Junderland Buriel Feb. 18-65 intended the Gen Trivilla absolute: IN derabers sentra if you lieue . . Tropert



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- 1	-			STATE OF MARYLA	7 tin	L. P.	gue.	" A	9
	1-3	FOR STATE		ENT OF HEALTH AND A XAMINER'S CERTIF	-	F J L) 3	0 -4	,
		REGISTRAR CEASED NAME FIRST	MIDDLE	LAST		KEO, 14		DAY YEAR	26 HOUR
V = 140		OR PRINT) WILL		RAY		OF ESTI-		10 1983	7:45
25.55 E. E. E	3. SEX			AGE (IN YEARS IF UNDER 1 YR	R. IF UNDER 24 HRS.	2c. DATE	MONTH	DAY YEAR	2d HOUR
N STR		MALE BLACK	Deb 10 10	72 YRS. MONTHS DAYS		PRONOUNCED DEAD	02	10 1983	7:45
		RTHPLACE (STATE OR)	76. CITIZEN OF WHAT COUNT	DV2	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
MI	1	PRIGH COUNTRY)	USA	WIDOWED X	DIVORCED [PRINCE GE	ORGES		MD.
4	10. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR.	SING HOME, OR OTHER INSTIT		IAL OCCUPATION (TYPHOST OF WORKING LIFE)	E OF WORK 12	OR INDUSTI	ISINESS
14		CHEVERLY	PRINCE GEORGE	S GENERAL HOSP		,			
	USUA 130. S1	L RESIDENCE (IF IN NURSING HOME C TATE	TY 13c CUTY	DR TOWN 13d. INSIDE	/	EET ADDRESS	Das	1,20785	twv
9	-	m & 2	,Ch	everly YES		old greez	2 /	1	1/
11	IA FA	THERS NAME	TWOOLE I	IS MOT	THER'S MAIDEN NAME	MIDDLE	1/2	LAST	
4	16e W	AS DECEASED EVER IN U.S. AR	DEDUCES? LIAN SOCI	AL SECURITY NO. 17. INFO	DRMANI	ADDRESS	w	4 7	
	1,43	S. NO. OK UNENOWN! I F 185, GIVE		a) 1	unight	2 green	e H	eme	
		18. CAUSE OF DEATH (Enter on	ly one cause per line for (a) (b)	and (c)	Nann	pice		APPROXIMATE	PATERNAL
		PART I DEATH WAS CAUSED	8Y:	morande	il m/a	uti_		BUTWEEN DHOE	T AND DEATH
NA NA		4100 MMEDIA	(DUE TO, OR AS A CONS	EQUENCE OF	1				
L, CREMATION, OR REMOVAL.		Canditians, if any, which gove rise to immediate	(b)	ACVID					
5		couse (a) stating the under-	DUE TO, OR AS A CONS	EQUENCE OF					
Š	-9	lying couse lost.	(c)					1:5	
		PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELAT	D TO THE TERMINAL DISEASE OR CONDIT	ITION GIVEN IN PART 1 (a)				
	CERTIFICATION								
7	CAI	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFO	ORMED?			20 AUTOPSY	?
Д	RTIF							YES 🗌	NO 🗌
5		210 EXTERNAL CAUSE WAS	HOUR A.M. MONTH		JRY OCCURRED (ENTER N	NATURE OF INJURY IN ITEM 18	PART I OR PART	2)	
>	MEDICAL	CONTRIBUTING CAUSE OF I	P.M. 21e PLACE OF INJURY	19 (AT HOME. 211, LOCATION					
73	MED	WHILE NOT WHILE	STREET, FACTORY, FARM, ETG			CITY OR TOWN	COUN	1TY	STATE
		AT WORK AT WORK	<u> </u>						
		22a. I certify that I took charg	e of the remains described abov	e, held an Autopsy .	Inspection 💢 ,	Inquiry	nd in my apin	iian	
		death resulted from: Natur	ol couses X, Accident	, Suicide, Har	amicide, Undete	ermined manner,			
BALTIMORE, MARYLAND, 21201		ACTUAL COLO	1 DALL	TITLE	E (SPECIFY)		DATE	2-13	5
		SIGNATURE ATT	H-THUI	M.D. 6	MED!	ICAL EXAMINER	SIGNED	2-15	-03
M	-	EXAMINER'S NAME	22 Ambair	nhis	7-1				
ALT	22.5	(TYPE OR PRINT)		ADDRESS		CATION			
D	230. BI	PECA CITY OF THE PECAL STREET OF THE PECAL STR	10 ly 18 83	Honey Link	Baptilo 3	en este	Sport	e _ 51	TATE
-	24. FI	UNERAL DIRECTOR	D. Buth	nd males lays	250. POE 0 CO. P.	REGISTRAR 25 PEG	ISTRAR'S SIC	SNATURE	0
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(VRA 15, 4)

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(VRA 15, 4)

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	Ľ	- STATE REGISTRAR	CERTIFI	EALTH AND MENTAL HY ICATE OF DEATH	REG. NO.	
£		ECEASED NAME FIRS		AST	20. DATE OF DEATH MONTH	
0		Will	iam W	CHIE	Februa	
(BB	3. SE	X	4 RACE 5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
TAIL	1	Male	White Jan.	11, 1908		RS.
0%		IRTHPLACE (STATE OR FOREIGH	MARRIED	NEVER MARRIED		
30	_	aryland	USA WIDOWEI		Prince Geor	
297	1	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	
5/0		Largo	Manor Care Nursing ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION]	HOme	Operator	Service
3	13a.	STATE 13b. (COUNTY 13c. CITY OR TOWN	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	2074
4E/ 4m/		aryland P	r. George USA	YES NO []	19514 Dogwoo	d Park Str
/ ide /		FIRST	MIDDLE	FIRST	WIDDLE	LAST
1 800		William WAS DECEASED EVER IN U.	T. Ritchie	Effie	Z: 6 - ADDRESS	Martin
edica			ES, GIVE WAR OR DATES)	V	viie	
the m		No	<u> 578-05-3860</u>	Virginia k	K. Ritchie	Same as #1
other trauma		Conditions, if any, while gave rise to immedia cause (a), stating the underlying cause los	DUE TO, OR AS A CONSEQUENCE OF	na of Ku	ng	
ta burial, crem njury, ar ather	NION	gove rise to immedio cause (a), stating it underlying cause to: PART 2 OTHER SIGNIFICA	the lee due to, or as a consequence of the lee (c)			
ene prior to burial, crem	RTIFICATION	gave rise to immedia cause Ia1, stating the underlying cause los PART 2 OTHER SIGNIFICA 190. DATE OF OPERATION	the (b) CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	N WAS PERFORMED	20a AUTOPSY? 20b IN C	F YES, WERE FINDINGS US ERTIFYING CAUSES OF DE YES \(\text{NO}\)
Hygiene priar ta burial, crem 18 shaws any injury, ar ather	L CERTIFICATION	gove rise to immedio couse [a], stating the underlying couse loss PART 2 OTHER SIGNIFICATION. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING.	DUE TO, OR AS A CONSEQUENCE OF (c) 19b. CONDITION FOR WHICH OPERATION 19c. TIME OF INJURY	N WAS PERFORMED	20a AUTOPSY? 20b I	F YES, WERE FINDINGS U ERTIFYING CAUSES OF DE YES \(\text{NO}\)
iental Hygiene priar ta burial, crem Item 18 shaws any injury, ar ather		gove rise to immedia couse [a], stating it underlying cause to: PART 2 OTHER SIGNIFICA 190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAMPLE)	DUE TO, OR AS A CONSEQUENCE OF (c) INT CONDITIONS CONTRIBUTING TO DEATH BUT IN 19b. CONDITION FOR WHICH OPERATION 19b. CONDITION FOR WHICH OPERATION OF DEATH MINER! P.M. 19	N WAS PERFORMED	20a AUTOPSY? 20b IN C	F YES, WERE FINDINGS U ERTIFYING CAUSES OF DE YES \(\text{NO}\)
A Mental Hygiene priar ta burial, crem or Item 18 shaws any injury, ar ather	MEDICAL CERTIFICATION	gove rise to immedio couse [a], stating the underlying couse loss of the stating of the underlying couse loss of the stating o	DUE TO, OR AS A CONSEQUENCE OF (c) INT CONDITIONS CONTRIBUTING TO DEATH BUT IN 19b. CONDITION FOR WHICH OPERATION OF DEATH MINER) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. PLACE OF INJURY LAT HOURS SIRRET EACORY OF BUT E SAME ELC.)	N WAS PERFORMED	20a AUTOPSY? 20b IN C	F YES, WERE FINDINGS US ERTIFYING CAUSES OF DE YES \(\text{NO}\)
rinal-fronsit permit. Then please rer tental Hygiene priar ta burial, crem them 18 shaws any injury, ar ather		gove rise to immedio couse a), stating the underlying couse loss part 2 OTHER SIGNIFICA 190, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE: (IF EITHER, NOTIFY MEDICAL EXAMPLE NOTIFY OF COURT CAUSE NOTIFY OF COURT	DUE TO, OR AS A CONSEQUENCE OF (c) INT CONDITIONS CONTRIBUTING TO DEATH BUT IN 19b. CONDITION FOR WHICH OPERATION 19b. CONDITION FOR W	N WAS PERFORMED 21c. HOW INJURY OCCU 2211. LOCATION	200 AUTOPSY? 206 IN C	F YES, WERE FINDINGS U ERTIFYING CAUSES OF DE YES NO M 18 PART 1 OR PART 2) COUNTY
use as the burial-transit permit. Then please rer Health and Mental Hygiene prior to burial, area is marked at Item 18 shaws any injury, at ather		gove rise to immedio couse [a], stating if underlying cause loss part of the stating if underlying cause loss part 2. OTHER SIGNIFICATION [196. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAMILE AT WORK NOTIFY MEDICAL EXAMILE	DUE TO, OR AS A CONSEQUENCE OF (c) INT CONDITIONS CONTRIBUTING TO DEATH BUT II 19b. CONDITION FOR WHICH OPERATION (G) (G) (G) (G) (G) (G) (G) (G	21c. HOW INJURY OCCU	200 AUTOPSY? 206 IN C	F YES, WERE FINDINGS UPPERTIFYING CAUSES OF DE YES NO
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O STREET, STRE MAP P 'SE John J. Crisik

1.	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND BEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	S O	5 3	5 3	3
	CEASED NAME OR PRINTS	FIRST	٨	AIDDLE	Ĺ	AST	20. DATE OF	DEATH MONTH	DAY YEAR	26. HOUR	
(TITE	OK PKINI)	Gua		M	F	Roby		FEB	27 198	3	м
3. SE	Х		4. RACE	,	5. DATE C		6 AGE (INY	EARS LAST BIRTHDAY}	MONTHS DAYS	IF UNDER 24	
	MALE		WH	ITE	NONTH COC		7 3	85 YRS		HOURS	MIN.
	RTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	O PASTIANO	RE CITY OR COUN	TY OF DEATH		
(MARYL	AND	U.S.	A.	WIDOWE	_	PR	LINCE 6	BORGE -	5	MD.
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JAPF /	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME	WIDDLE	* (c T	
	Marce	ellus	MIDDLE	Roby		Mary		MIDDLE	Parke		*
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IFICATION	190 DATE OF O	ATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	IN CERT	ES, WERE FIND TIFYING CAUSE	S OF DEATH	?

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

19 P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

21f. LOCATION

CITY OR TOWN COUNTY

saw the deceased alive on above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

CASAS MD 22e. ADDRESS

LAURELMI

23a. BURIAL, CREMATION, REMOVAL Burial

21d. INJURY OCCURRED

3/2/83

23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery

23d. LOCATION

Beltsville, P.G.Co. Md.

(VRA 15, 4)

CERTIFICATION

3. SEX

page 3

d campletely filled in

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b

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FLECK FUNERAL HOME 7601 Sandy Spring

22a.1 certify that (1) (this haspital) attended the deceased from

,Md.20707

BP. DHMH - 16 50M 4/82

should be deta with the State [MPORTANT

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] -	FOR STATE REGISTRAR	MEDICAL EXAMINER	ALTH AND MENTAL HYGIER'S CERTIFICATE OF DE	ATH REG. NO.	3 5 4
ES. RRS ET,	(TYF	CEASED NAME FIRST E OR PRINT) Vander VU	ORT BOYWIN	ROHL, SI	DATE KNOWN MONTH OF ESTI- DEATH MATED 2	DAY YEAR 26. HOUR -/3 1983 M
OUR FILES.	3. SE	Mile White 15. DATE	E OF BIRTH IN DAY YEAR LAST BIRTHDAY) - 1 - 22 GD YRS.	MONTHS DAYS HOURS MIN	PRONOUNCED J - /	5 1983 PM
(MA)	FC	REIGN COUNTRY)		MARRIED NEVER MARRIED X	9. BALTIMORE CITY OR COUN	
200		TY OR JOWN OF DEATH 11. NA	S.A. WARE OF HOSPITAL, NURSING HOME, O NOT IN SUCH FACILITY, GIVE STREET GORPSS)	ROTHER INSTITUTION 120. US	SUAL OCCUPATION (TYPE OF WORK OR MOST OF WORKING LIFE) Accountant	126 KIND OF BUSINESS OR INDUSTRY
S. RETAIN SHOULD BI	13a. S		INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN Mt. Rainie	er YES NO 3		(20712) Chapel Rd.
9/00	14. F/	ATHER'S NAME FIRST MIDDLE Vandervoort	B. Rohl	15. MOTHER'S MAIDEN NAN Clara	MIDDLE	assidy
T. PAGES 1 AII		VAS DECEASED EVER IN U.S. ARMED FOI ES. NO, OR UNKNOWN) (IF YES, GIVE WAR OR D. YES WW II	DATES)		4400-K1	ingle St.NW
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4 SHOULD BE FOR NEAL DIRECTOR: DEATH, WITH THE SHOORE, MARYLAND,		22a certify that took charge of the death resulted from: Natural cause ACTUAL SIGNATURE		M.D. ME	Inquiry . and in my of etermined manner . EDICAL EXAMINER SIGNI	Z-/5-83
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	(40 00	n National		A STATE
DHMH - 17		UNERAL DIRECTOR	Mt. Rainier.		by registral (1) registral 5 1983	County

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p due /b		ARHUR	(NA)	LEWIS		JOHN	Gertege	36	Thom,	1-5
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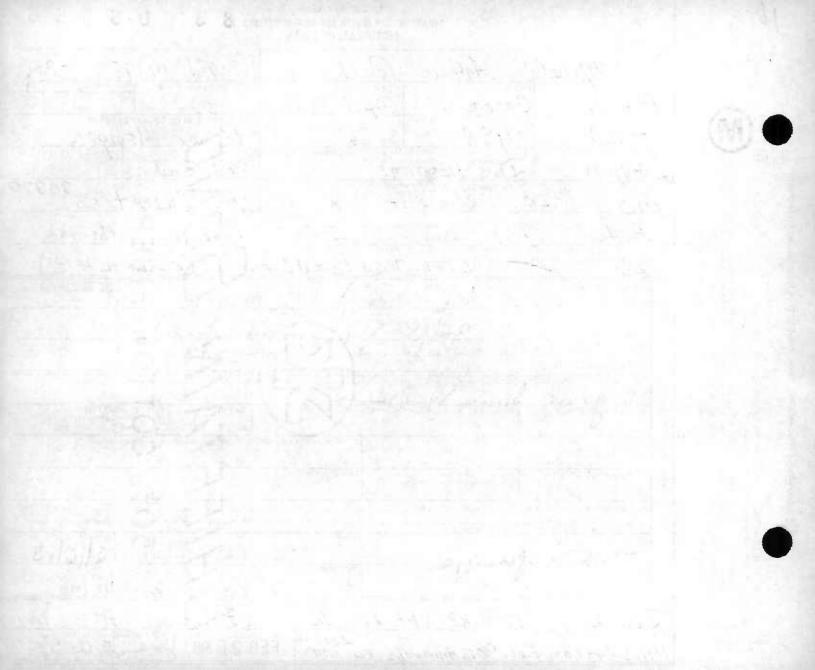
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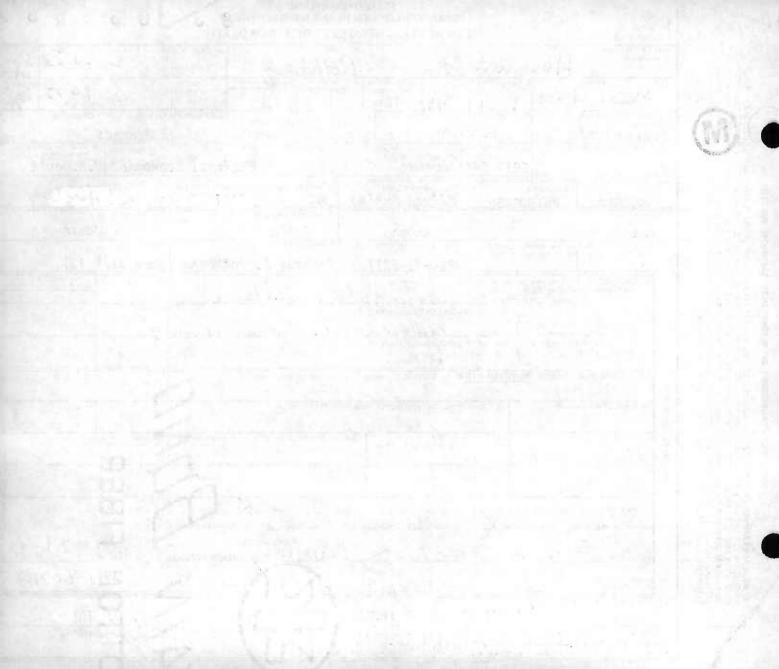
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

CERTIFICATE OF DEATH

REG. NO.



						ST	ATE OF A	ARYLAND			,es 910	2 1	- 1
10	SEWN		FOR STATE		1	DEPARTMENT OF	HEALTH	AND MENT	AL HYGIE	F 5	0 5	5 %	0 0
1			REGISTRAR		ME	DICAL EXAMI	NER'S	CERTIFICAT	E OF DEA	TH R	EG. NO.		
			EASED NAME	FIRST		MIDDLE		LAST		20 DATE KNO	NN MONTH	DAY Y	76 HOUR
· ·	No Wind	(TYP)	OR PRINT)	Heri	man	J.	R	Alelas.	0	OF EST DEATH MAT	ED 7 2		83 8,00
AS S	FILES	3. SEX	4. RAC		DATE OF BIRTH	6 AGE (IN)	EARS IF UN	DER 1 YR. LIF UN	NOPR 24 HRS.	2c. DATE	MONTH	DAY	YEAR 2d HOUR
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- 5			Y OR TOWN OF DE			PITAL, NURSING HOA		ER INSTITUTION	12a USt	JAL OCCUPATIO		12b. KIND C	OF BUSINESS
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ST.,	. N 18.		18 CAUSE OF DEA PART I DEATH V	TH (Enter anly a	ine cause per line V.	far (a), (b), and (c).)		1.	1				ONSET AND DEATH
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<u>≥</u> ≥	SEE S		cause (a) statin	g the under-	<	AS A GONSEQUENCE	OF		VIII.		0		
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Z	CERTIFICATE OULD BE FOR DIRECTOR: , WITH THE S MARYLAND,		death resulted from	m: Natural	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Accident . S	vicide	, Hamicide	_ ` `	ermined manner			
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()	DHMH - 17 /R A15 ME (5))	22	2 CARROLL	STREET	BREW AMEA	WASHINGTON	in the	ISME FE	D 70	1300	-0		
- '	20M 4/82	<u> </u>	- ON WOLL	STALLT	, 14.W.,	WINDITZINOTON	,	•					



		EASED NAME	FIRST		MIDDLE		LAST		2a. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
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101	10. C	TY OR TOWN OF DEA	TH		HOSPITAL, NUE		OR OTHER IN	STITUTION	12a. USUAL OCCUP	ATION	12b. KIND	OF BUSINESS
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Lee Muneral Home 30 -4th St. 1.5. mash., F.C.

9. BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OWN HOME 20782 Alice Edward Pelletier Lanertue 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) IF YES, GIVE WAR OR DATEST 047 30 4689 Same as #13 Stephen St. Armand (Husban APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) F MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMITHHEALTH AND MENTAL HYGIENE, IS, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD, "PINGE 4 SHOULD BE FORWARDED TO THE CHIEF TO THE SHOULD BE TO THE CHIEF TO THE STATE DEPARTMENT OF HE SHOULD SEE USED THE STATE DEPARTMENT OF HE SHOULD STATE DEPARTMENT OF HE SHATIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES NON 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK Inspection X 220. I certify that I took charge of the remains described above, held on Autopsy and in my apinian death resulted fram: Accident Notural couses Suicide Homicide Undetermined monner EXAMINER'S NAME (TYPE OR PRINT)

Mt. St. Benedict

DHMH - 17 (VR A15 ME (5)) 20M 4/82

Traffcior Gasch's Sons Funeral Home, P.A. Hyattsville. Maryland

2/23/83

230 BURIAL, CREMATION, REMOVAL 236. DATE

Burial

Hartford 2567 REGISTRAR'S SIGNATURE

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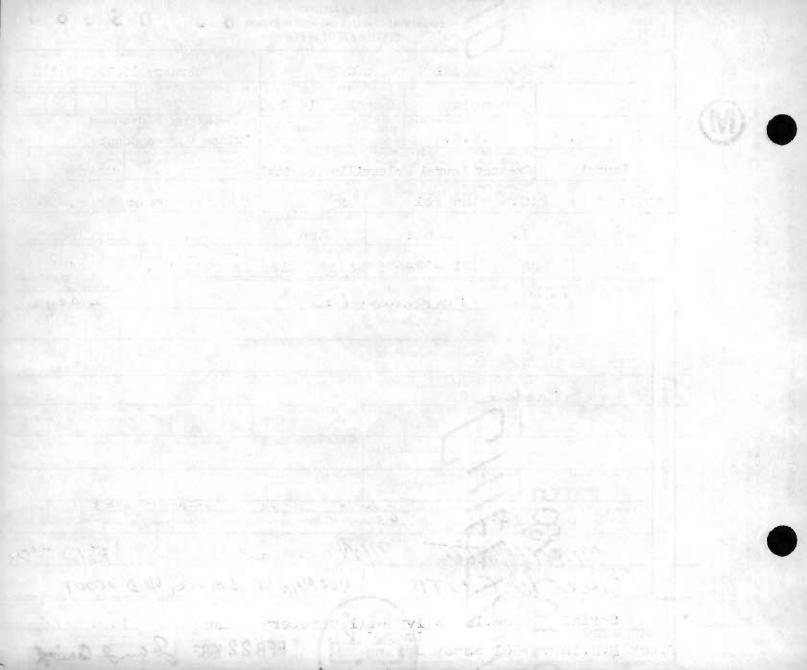
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		CEASED NAME FIRST	115.1	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YE	AR 2b HOUR
4 165		MICHAE	L	ALLAN	S	COTT	FEBRUARY '	7, 1983	10:04Pm
6 136	3. SE	Х	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
9 B	MA	LE	CAUCAS	SION	FEB	RUARY 7, 1983	0	YRS.	3 4
merol dir		RTHPLACE (STATE OR FOREIGN		STATES	? B. MARRIE WIDOW	D NEVER MARRIED	PRINCE GOE		
rs ofter death. by the funeral filed within 72		DREWS AFB	(IF NOT IN S	UCH FACILITY, GIVE STRE	ET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF NO.	F WORKING LIFE) INDUS	ND OF BUSINESS OR STRY
P 6 5 90	USU	AL RESIDENCE (IF NUR - OME O	R OTHER INSTITUTIO	M GROW US	RE ADMISSION)				elelelele
'LAND 2	N/n/	a inia n/a		13SPX THE	Mield	13d. INSIDE CITY LIMITS?	13. STREET ADARESS	Curving	Creek Ct.
YLA rehin		THER'S NAME	V.,	4.		15. MOTHER'S MAIDEN NA	ME		
MARY mpletel and 2:		IAMES FDW	MIDDLE	SCOTT		MARY	LOUISE	DA	HL.
Solo Solo	16a. V	VAS DECEASED EVER IN U.S. AF	RMED FORCES		URITY NO.	17. INFORMANT	ADDRE		
MORE e exect	1	YES NO OR UNKNOWN) (IF YES, GI	A OR DATES	NIA		JAMES E. SCO	TT 8160 CURV	JING CREEK	CT.
15, 201 W. PRESTON ST., luires that the death certifus signed by the attending phen please remove carbon planning cremotion, or remainly, or atthe troumatic ever	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(b)_ DUE TO,	OR AS A CONSEO A NENC OR AS A CONSEO	epha uence of	ANENCEPI		DITION GIVEN IN PAI	RT lies
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The law requir on the burial-transit permit. Then to at the burial-transit permit. Then the and Mental Hygiene prior to be orked or them 18 shows any injury	CERTIFICATIO	19a. DATE OF OPERATION	19b. CON	DITION FOR WHIC	H ÖPERATIC	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	
N OF VITA SKCIAN: T ng physici certificate urial-transit tem 18 sh	-17	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH I P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	TY IN ITEM 18 PART 1 OR PAR	tī 2)
IVISION UG PHYS ottendin ter this of the bull riked or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE	, FARM, ETC)	211. LOCATION STREET	CITY OR TO	wn count	TY STATE
TO HOSPITAL OR ATTENDIN retained by the hospital or TO FUNERAL DIRECTOR. Af should be detached for use or with the Store Dept. of Health MAPORTANT: if them 21 is ma		270. I certify that (1) (this hosp saw the deceased alive or obyte. (1) (we) (did) (did not be said that I alive of the s	Kam	the deceased from 2 19 day after death.		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS		ate and hour and from	2, that (I) (we) lost in the causes stated DATE SIGNED
D FU D FU POR		STEVEN L. CHAM	MBERS, C	APT, USAF,	M.C.	MALCOLM GROW	USAF MEDICA	L CENTER.	ANDREWS AFT
Of of State	23a. I	BURIAL, CREMATION, REMOVAL		230	NAME OF	EMETERY OR CREMATORY	23d LOCATION	46	
9999 BP9		Burial Fe	bruary	14, 1983	Ar1i	ngton Nationa	1 Cemetery	Arlington	n, Virginia
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR Lee H	uneral	Home, In	C .	25a. DAT	E REC'D. BY REGISTRAR	25 REGISTRAR'S SHO	SNATURE
(VRA 15, 4) 663		ld Alexander Fe				ryland CC	R 1 6 1983	Joans	70-11-0

of the second se the the deal out the contract of FT S 180 0 1 gap in Capation and Marketine and a margarity of the

24	FOR 1 - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3 0	5 3 6 5
moy be sport of the sport of th	1. DECEASED NAME PRINT) Ca	rL	SEITZ	20. DATE OF DEATH MONTH	5 83 10 5M
ge 4 mg	3. SEX Male	4. RACE Caucasian	S. DATE OF BIRTH MONTH DAY MARCH 16, 1895	6. AGE (IN YEARS LAST BIRTHDAY) 87 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
	78. BIRTHPLACE (STATE OR FOREIG COUNTRY)	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		onces mo.
rs offer of filed with	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	PITAL Center:	Type of work for most of working tet. Liquer Stor	12b. KIND OF BUSINESS OR INDUSTRY LIQUOR Store
MARYLAND 2120	Maryland Pr	om or other institution, give residence before to the county 13c. City Or Tow Oxon Hi	YES NO	130. STREET ADDRESS 208 Cedar Ride	re Dr. 20745
MARYL mpletely and 2 s	14. FATHER'S NAME FIRST Frederick	MIDDLE Seitz	15. MOTHER'S MAIDEN NA	nown MIDDLE	Unknown
TIMORE,	(160 WAS DECEASED EVER IN U	YES GIVE WAR OR DATES!		urns 926 Forest	
RDS, 201 W. PRESTON ST., 8A cquires that the death certificate n signed by the attending physis Then please remove carban pape to burial, cremotion, or removal injury, or other traumotic event, it	Conditions, if ony, whi gove rise to immedia couse (a), stating to underlying couse la	DUE TO, OR AS A CONSEQUE the DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	nce OF raseleration Courses	vasular descus	e 40 yrs
DIVISION OF VITAL RECORDS, The Leave require of PHYSICIAN: The law require of the ording physician. The law requires the this certificate has been sign as the burial-transit permit. Then the and Mental Hygiene prior to be orded or them 18 shows any injury orded or them 18 shows any injury	190. DATE OF OPERATION 5 7 1 ACCIDENT WAS UNDERLY! OR CONTRIBUTING _ CAUSE (IF EITHER NOTIFY MEDICAL EX	Ruptured or Property Hour A.M. MONTH DA	operation was performed of dominal astric anew y YEAR 19	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO PART 1 OR PART 2)
VISION G PHYS attendin er this c s the bur ond Me	TIFEITHER NOTIFY MEDICAL EX 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI TTENDI TTOR: A for use of Heal	220.1 certify that (1) (this	hospital) attended the deceased from_	DEGREE	death occurred on the date and he MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL OR A retained by the hoso TO FUNERAL DIREC should be detoched with the State Dept.	22d PHYSICIAN'S NAME William J		220. ADDRESS 36/1 Branco	1 1	nole Hills, MD 2074
PP	230. BURIAL, CREMATION, REM (SPECIFY) Cremation		AME OF CEMETERY OR CREMATORY Ar Hill Crematory	23d. LOCATION CITYORTOWN Suitland Pr.	Geo. Maryland
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FUNERAL DIRECTOR		Oxon Hill Rd. 25a DA	TE REC'D. BY REGISTRAR 2%. REGI	



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Johnstian 2///63 letar Hill Cormatory sufflanc er. Geo. M revisad

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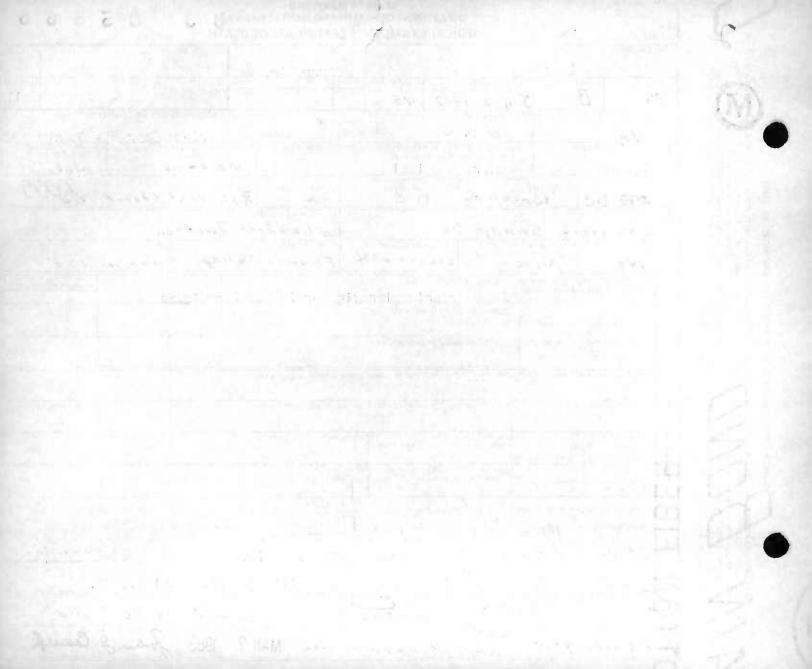
77-40-5279 Princes: James (Non Hill, Miryland

~9mg

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Taryland Pr. George Oxon Hill v 208 Cedar Ridge Dr. 20705

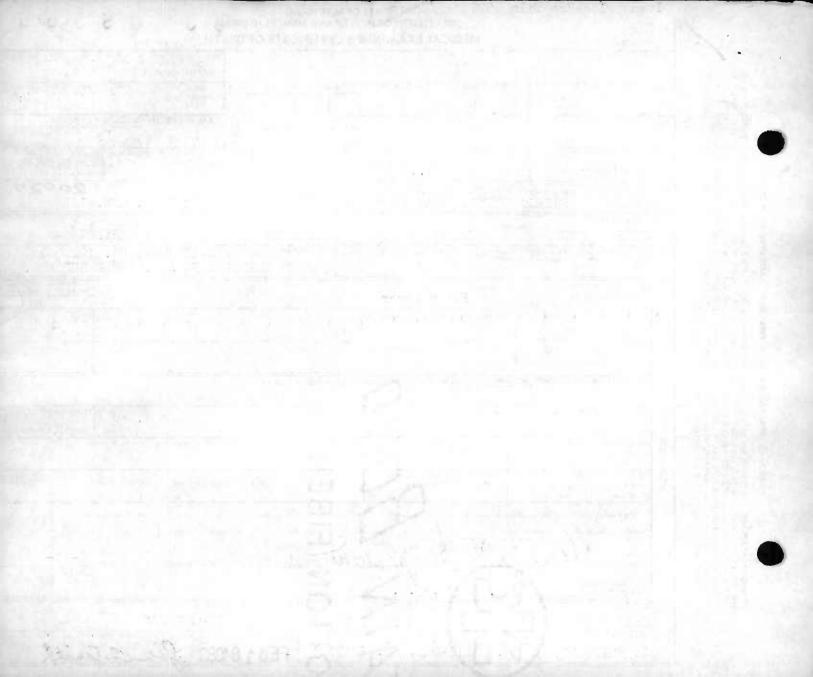
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/		REGISTRAR		WEL		XAMINE			ATE OF		Н	REG. NO).		
		CEASED NAME E OR PRINT)	FIRST		WIDDLE			LAST				NOWN ESTI-	MONTH	DAY YEAR	26. HOUR
				ence	1		9	Sharp.	Jr.		DEATH #	MATED	2	2819 83	
	3. SE)		4. RACE	5. DATE OF BIRTH MONTH DAY	YEAR	LAST BIRTHDAY	MONTH		HOURS 1		DATE	ED	MONTH	DAY YEAR	Zu HOOK
		9	B	Jun 2 1		45 YRS	5.				DEAD		2	28 19 83	$\frac{5}{5} = 1 \frac{1}{12} A$
5		RTHPLACE (ST.	ATE OR	76. CITIZEN OF WH		RY?	MARRI	ED NEVI	ER MARRIE	D 1.	BALTIMO	RE CITY O	R COUNTY	Y OF DEATH	
		VA.		4.5.			WIDOW		DIVORCE		Prin	ce Geo	orge!	s Count	Y MD.
5	10. C	TY OR TOWN (OF DEATH	11. NAME OF HOSE (IF NOT IN SUCH FAC			OR OTH	ER INSTITUTI	ION	FOR MOS	OCCUPA TOF WORKE	ATION (TYPE NG LIFE)	OF WORK	OR INDUS	TRY
0		Lanham		Doctors	Hospi	tal				Me	chan	11'6		Aoto	
7	I3a. S	AL RESIDENCE (113 EQU	FOR OTHER INSTITUTION, GIV INTY WAS H! MUTCH	13c. CITY C		٧)	13d INSIDE CIT	Y LIMITS?	STREET	ADDRES	1 5 %.	rect	N. E	999
2701	14. F.	ATHER'S NAME	76.1		-			15. MOTHER							
01		LAWR	ence	Sharp:	Se LA	151		Eliz	cahe	14 7	LACK.	504		LAST	
week	16a. \		EVER IN U.S. A	RMED FORCES?		AL SECURITY		17. INFORM.	ANT			ADDRESS			4
3		110	//	VE WAR OR DATES)		42-63	86	Fnan	nces :	56 41	2p	SHAM	e 145		
			DEATH (Enter of	only one couse per line SED BY:										APPROXIMA BETWEEN ONS	TE INTERVAL
1	- 1	429		IATE CAUSE (o)		oscler		card	iovas	cular	dise	ease		-	
, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Condition	s, if ony, which	DUE TO, OR	AS A CONS	EQUENCE O	F								
X		gove ris	e to immedia	te (b)									E. III		
		lying cous	stoting the <u>unde</u> se lost.	DUE TO, OR	AS A CONS	EQUENCE O	F								
		****		(c)											
	NO	PARI 2 OTHER SIG	NIFICANT CONDITION	NS <u>CONTRIBUTING TO DEATH</u> B	UT NOT RELATE	O TO THE TERMIN	IAL DISEASE	OR CONDITION	GIVEN IN PART	1 (a).					
7	T.	190 DATE OF	OPERATION	196 CONDIT	ION FOR W	HICH OPERA	TION W	AS PERFORM	AED?	94	05.			20 AUTOPS	Y?
	Ę													YES 🔽	NO 🗆
5	CERTIFICATION	21a. EXTERNA		21b. TIME OF HOUR A.M.		DAY YEAR	21c. HC	W INJURY O	OCCURRED	(ENTER NAT	URE OF INJUI	RY IN ITEM TO P	ART I OR PART	(2)	
5		UNDERLYING CONTRIBUTION	U OR G ☐ CAUSE O		WOINTH I	JAT TEAK									
:	MEDICAL	21d INJURY O		21 PEACE C	F INJURY			ATION			ITY OR TOWI		COUN	LITY	STATE
	×	AT WORK	NOT WHILE AT WORK		1		1	22.5			HY OR TOWI		COUR	dia	STATE
BALTIMORE, MARYLAND, 2	1	72x 1 certif	y that i took tha	rge of the remains dute	gove above	n heldgan	Autops	y KI	Impection	□. ,	Inquiry	, one	d in my opii	nion	
\$		death results	dyom No	populariones X.	Account L	Z. / Suic	ide	Нотиск	de .	Undetern	nined mon	ner,			
		ACTUAL /	1	1/- 11	116	7.	1	TITLE (SP	ECIFY;				2		
_	-	SIGNATURE_	X	on out	U,	Mu	X	Qeput:	y Chi	MEDICA	AL EXAMI	VER	DATE	2/28	3/83
7		EXAMINER'S	JAME -	T			-)		0		0 11			
		TYPE OR PRIN	IT)	Thomas D. S				10011200	III P			Baito	o., M[U.	
Ė	23 8	URIAL, CREMAT	ION, REMOVAL	3-5-53	23c. NA	MEDICEM		R CREMATO	RY	236 LOCA	ation nown ndo	vee 1	P 6 COUNT	my Md.	STATE
		UNERAL DIREC		4425 49ADDRESS					Se. DATE RE	EC'D. BY RE		256 89GIS	STRAR'S SK	GNATURE	.1
)	14.	5.WAS	hingto	1 NAM	nieBu	MADOU	ghs	Ave	MAF	11	1983	Ja	my	~ week	~
2	_											-			



FOR STATE REGISTRAR			STA DEPARTMENT OF DICAL EXAMIN		AND ME	NT AL HY	-		REG. NO	5	3 (5 7
1. DECEASED NAM (TYPE OR PRINT)	AE FIRST		MIDDLE	L	AST		20	OF E	STI-			R 26 HOUR
	Forres		N.	Sh				DEATH M	ATED [2/1	1/83 ₁₉	AR 2d HOUR
Male	4 RACE Black	Sept. 19,	YEAR LAST BIRTHD			HOURS		DATE RONOUNCE DEAD	D	2/1	1/8319	6;45
70. BIRTHPLACE FOREIGN COUNTRY	STATE OR	75. CITIZEN OF WI	HAT COUNTRY?	8. MARRIEI WIDOWE		ER MARRIEI DIVORCEI	DU		_	_	S Count	
Suitlar	nd	4702 Hon	SPITAL, NURSING HOMI ACILITY, GIVE STREET ADDRESS) NET AVE.		R INSTITUT	ION	FOR MO	L OCCUPAT OST OF WORKING DRIV	G LIFE)	OF WORK	PRINT	BUSINESS STRY CO.
130 Mary I an		R OTHER INSTITUTION, G	13c. CITY OR TOWN	1	3d INSIDE CIT	NO D	4702	T ADDRESS Homer	Ave.		2014	6
JAMES	NE .	A. DDLE	^{LAS} HAW		PE	R'S MAIDEN	NAME	MIDDI		BRO	OOKS LAST	
160. WAS DECEAS	ED EVER IN U.S. ARA	MAR OR DATES) NAM	231-68-804		7. INFORM.		w, 13	36 Ma				Va.
gave cause (lying co	ons, if any, which rise to immediate a) stating the <u>under-</u> ause last.	(c)	BUT NOT RELATED TO THE TERM		DR CONDITION	GIVEN IN PART	1.10).					
19a. DATE C	F OPERATION	19b. CONDI	TION FOR WHICH OPER	RATION WA	SPERFORM	AED?	9	- 191	-		20 AUTOF	
0	IAL CAUSE WAS IG OR TING CAUSE OF E	EATH 2:25P.A	EINJURY MONTH DAY YEA A. 2/11/839	R 21c. HO	w INJURY O) (ENTER NA	TURE OF INJURY	Y IN ITEM 18 P	PART 1 OR PA	YES [NO []
WHILE AT WORK	OCCURRED NOT WHILE SAT WORK	Zie PLACE STREET, FAC	OF INJURY (AT HOME. TORY, FARM, ETC.) NOME				e., S	uitlai	nd, P	r. G	leorge'	s Costate
AT WORK				67.	, X				7		atata a	
AT WORK	91	of the sain de of coines .	Appdent S. S.	olic M.E	Hamici	PECIFY)	Undeter	Inquiry L	ier .	DATE SIGN		/83
22a. I ce death resu	S NAME U.	ol coines []	Guard, M.D.	M.C	Hamici	de K PECIFY) istant	Undeter	mined mann	JER	DATE	_{ED_2/13}	/83
22a. I ce death resu ACTUAL SIGNATUR EXAMINER: (TYPE OR PI	S NAME HO	ormez R. 3b DATE	Suy	M.C.	Hamici TITLE (SP D. ASS DDRESS CREMATO	de K PECIFY) istant	Undeter	ALEXAMIN	Balt	DATE SIGN	_{ED_2/13}	/83

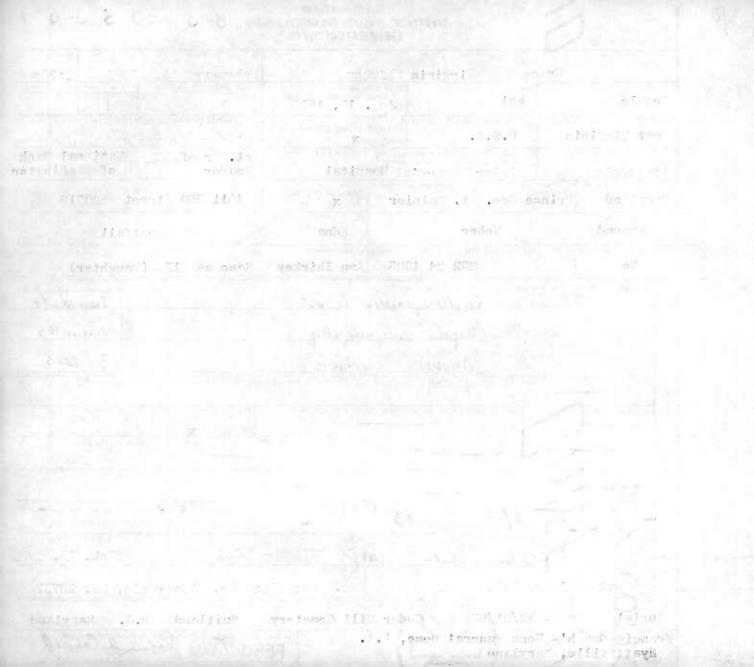
Settlement of the Committee of the Commi The late of the later The Drives ... Splits atte con something on the .W. Aldeoszolf .ta protein St. 1334 See St. 1111 in See Confirm St. 1335 Confirm St. regular point and the for And the state of t

		CR PRINT)	FIRST Charl	00	MIDDLE	C	hields	OF ESTI- 2	10 83
3.	SEX		4 RACE	5. DATE OF BIRTH	6. AGE		IDER 1 YR. IF UNDER 2	DEATH MATED	19 /
				MONTH DAY		YRS.		MIN. PRONOUNCED 2	10 83 1:50
	MA BIR	THPLACE (ST	WHITE ATE OR	MAR. 27,	1936 46 AT COUNTRY?	10	ED NEVER MARRIE	9. BALTIMORE CITY OR CO	
		WAII		USA		WIDOW		W Duine Cooker	e's M
		or Plea		11. NAME OF HOSE (IF NOT IN SUCH FACE 6800 Gre	PITAL, NURSING H	OMÉ, OR OTH	er institution	126. USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE) ENGINEER	ORK 12b. KIND OF BUSINESS OR INDUSTRY MECHANICAL
113	o ST		13b COUN PRINC	OR OTHER INSTITUTION, GIV CE GEORGES	SEAT PL	EASANT	13d. INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS 6800 GREY ST. A	20027 PT. 101
14	1. FA	HER'S NAME JEWELL	BURCH	MIDDLE	LDS LAST		15. MOTHER'S MAIDEN SUSANNA	MIDDIF	AYLOR LAST
16	o. W	AS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SEC	URITY NO.	17. INFORMANT	ARLINGTON, VA	A. (22206)
L		70			N/A		ELLIOT BEF	RNOLD2454 A S.WAL	
		18 CAUSE O PART I DE	F DEATH (Enter or ATH WAS CAUSE	D BY:	for (a), (b), and (c)	.)		Maria College	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		cause (a) lying cau		DUE TO, OR (c)	AS A CONSEQUEN		E OR CONDITION GIVEN IN PART	F1 (g).	
	ջ [
7	3	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION W	AS PERFORMED?		20 AUTOPSY?
7	TIFICAT	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION W	AS PERFORMED?		hethy
	CERTIFIC	21a. EXTERNA UNDERLYING CONTRIBUTIF	L CAUSE WAS OR NG CAUSE OF	21b. TIME OF HOUR A.M. DEATH P.M.	INJURY MONTH DAY	YEAR 211. H	OW INJURY OCCURRED) (Tapa Bi Mati Ni Yaukmi 40 Bart i	YES XX NO
	EDICAL	21a. EXTERNA UNDERLYING CONTRIBUTION	L CAUSE WAS OR NG CAUSE OF	21b. TIME OF HOUR A.M. DEATH P.M.	INJURY MONTH DAY	YEAR 21c. He	OW INJURY OCCURRED) (ENTER NATURE OF INJURY IN ITEM 18 PART 1 (CITY OR TOWN	YES XX NO
	MEDICAL	21a. EXTERNA UNDERLYING CONTRIBUTIO TIG INJURY C WHILE AT WORK 22a. I certif death resulte	IL CAUSE WAS OR OR OG CAUSE OF OCCURRED	21b. TIME OF HOUR A.M. P.M. 21e PLACE C STREET, FACTO ge of the remains described and the second sec	INJURY MONTH DAY FINJURY (ATHO) DRY, FARM, ETC.) ribed above, held Account ,	YEAR 21c. He	CATION STREET Sy XX, Inspection Hamicide , TITLE (SPECIFY) ASSISTAN	CITY OR TOWN Inquiry and in m Undetermined manner, MEDICAL EXAMINER Sk	YES XX NO [
	WEDICAL MEDICAL	21a. EXTERNA UNDERLYING CONTRIBUTIN 71d INJURY C WHILE AT WORK 22a. I certif death resulta ACTUAL EXAMINER'S ITYPE OR PRII RIAL, CREMA	IL CAUSE WAS OR OR OG CAUSE OF OCCURRED	21b. TIME OF HOUR A.M. P.M. 21e PLACE C STREET, FACTO 21c STREET, FAC	INJURY MONTH DAY IF INJURY (AT HO) ORY, FARM, ETC.) ribed obove, held Account ,	YEAR 21c. Hi	CATION TIREET Sy XX, Inspection Hamicide , TITLE (SPECIFY) ASSISTAN ADDRESS 1111	CITY OR TOWN Inquiry and in m Undetermined manner, MEDICAL EXAMINER SE Penn Street	YES XX NO CORPART 2) COUNTY STATE ATE 2-11-83



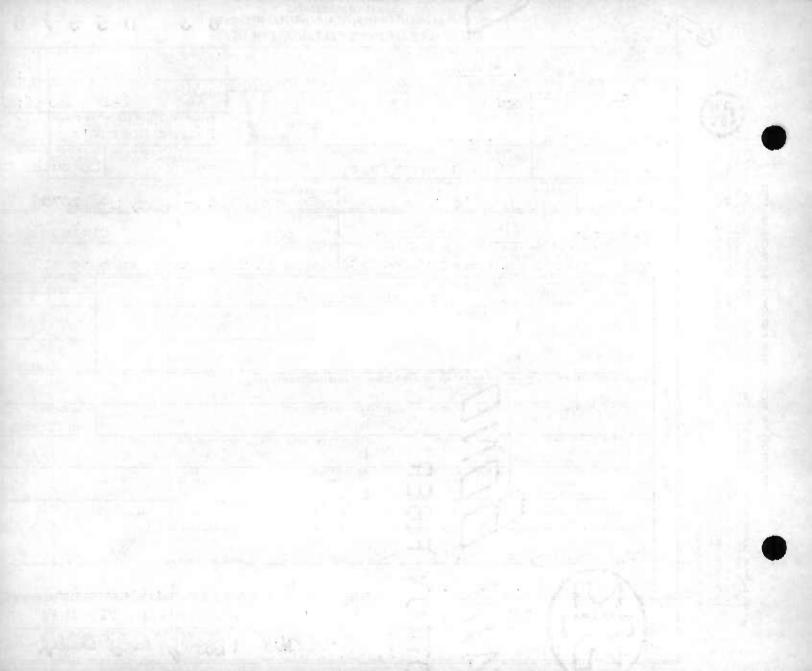
(VRA 15, 4)

STATE OF MARYLAND



	FOR		DI	EPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	0 1	5 3	7 0
	STATE REGISTRAR		MED	ICAL EXAMIN	IER'S C	ERTIFICATE O	F DEATH REC	G. NO.		
	CEASED NAME	FIRST		WIDDIE		LAST	20. DATE KNOW	N D MONTH	DAY YEAR	2b. HOU
(110		elix (0. Sinicr	ope			OF ESTI- DEATH MATEL	0 2-2	23 1983	12:0
SEX	4 RACE	5.	DATE OF BIRTH	YEAR LAST BIRTHE		DER 1 YR. IF UNDER		MONTH	DAY YEAR	R 2d HOU
	Male W	hite	ec. 31	3 - (7	RS.	DAYS HOURS	MIN. PRONOUNCED DE AD	2-2	23 1983	12:2
BI BI	RTHPLACE (STATE OR PREIGN COUNTRY)	7	LOTIZEN OF WHA	T COUNTRY?	8 MARRI	ED NEVER MARRI	9. BALTIMORE CI			7-61
	est Virgin	ia	U.S.A		WIDOW		Daringo	Georg	ge's	M
ID. CI	TY OR TOWN OF DEATH	1	LIE NOT IN SUCH FACE	TAL, NURSING HOM		ER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE		OR INDUS	STRY
	Laurel		8804 Gr	amercy L			Manager		Compu	ter C
	AL RESIDENCE (# IN NURSING	COUNTY	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS	ION)	138. INSIDE CITY LIMITS?	13e. STREET ADDRESS			- 15111
		ince	George's	Laurel		YES NO X	8804 Gramme	ercy La	ne 207	08
4 F/	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDE	N NAME MIDDLE		LAST	
	Pasquale			Sinicrop		UNIK			Cimino	
	VAS DECEASED EVER IN L	J.S. ARME		166. SOCIAL SECURI		17. INFORMANT		RESS		4 H-0.
			&Korean	224-09-	3156	Doris M	. Sinicrope	same	e as #	13
	18 CAUSE OF DEATH (E								APPROXIMA BETWEEN ON	ATE INTERVAL
	PART I DEATH WAS		CAUSE (a)	yocardial	Infar	ction				
	4100		DUE TO, OR A	S A CONSEQUENCE	OF					
	Canditians, if any, gove rise to imm		(b)					TEN		
	couse (o) stating the lying couse lost.			S A CONSEQUENCE	OF					
	lying couse lost.		(c)					100		
z	PART 2 OTNER SIGNIFICANT CD	NDITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASI	DR CONDITION GIVEN IN PA	RT 1 (a),			
OI.	19g DATE OF OPERATIO	N	10h CONDITI	ON FOR WHICH OPE	PATION W	AS PERFORMED?			20 AUTOPS	V2
FIC	THE DATE OF CHERATIC		178. CONDITI	SIVI OR WINCH OF E	KAHON W	ASTERIORNED:				
RTI	21a. EXTERNAL CAUSE V	VAS	21b. TIME OF I	NILIRY	21c Hz	OW INTERV OCCUPE	D (ENTER NATURE OF INJURY IN IT	FM 18 PART 1 OR D.	YES	NO [
MEDICAL CERTIFICATION	UNDERLYING OR			MONTH DAY YEA		JAN HAJORT OCCURRE	COLUMN TONE OF INJURY IN (II	IM TOTAKE TOKEA	50 6	
SCA	CONTRIBUTING CAU	SE OF DE		INJURY (AT HOME.	215 10	CATION				
MEC		ILE 🗀		RY, FARM, ETC.)		TREET	CITY OR TOWN	cc	YTAUC	STATE
	AT WORK AT WOR	K								
	22a I certily that I tac	-		ibed obove, held on	Autop	sy . Inspectio	n . Inquiry .	ond in my o	pinion	
	death resulted fram:	Notural	couses XX	Accident, S	vicide	, Homicide	Undetermined monner	_].		
	1					TITLE (SPECIFY)				
	SIGNATURE SA	110	A - DA	85 m	M	Deputy	MEDICAL EXAMINER	SIGN	ED2/23/8	3
	EXAMINER'S NAME			/		and the second				
	(TYPE OR PRINT)	said A	A. Daee,				Annapolis Rd.	#4, B	ladensb	arg
23a B	URIAL, CREMATION, REM	OVAL 23b	DATE 2/28/83	23c. NAME OF CE	METERY O	R CREMATORY	em Arlingt	- CD - GOW	NIV cini	STATE
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14. F	UNERAL DIRECTOR		ADDRESS 6	01 Sandy	Spr	ing Roll	REC'D. BY REGISTRAR 1296	REGISTRAR'S	SIGNATURE.	1
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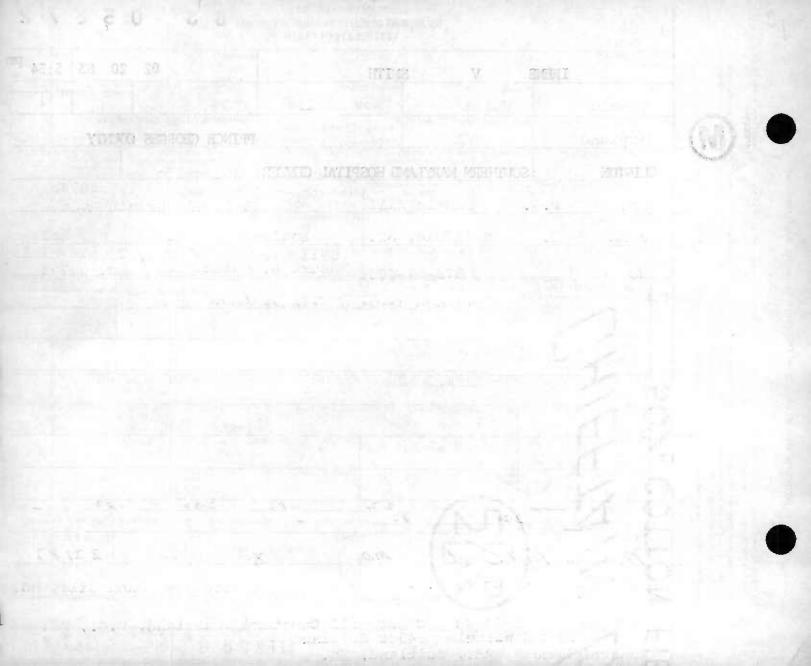
STATE OF MARYLAND



#	1.	FOR - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 3 3	05371
A.C.	I. DE	CEASED NAME FIRST RICH	IARD	SMALLWOOD	26 DATE OF DEATH MON	2/13/83 2:15R
21	3. SE	Male	Black	5. DATE OF BIRTH MAC 15 190	6. AGE IN YEARS LAST BIRTHDA	
35	No. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEO	
86		ITY OR TOWN OF DEATH	LIE NOT IN SUCH EACHITY GIVE STE	SING HOME OR OTHER INSTITUTION REFLADDRESS! YLAND HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	IRKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY
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160	14, 6)	HERS NAME HERCY	MIDDLE Small	wood Layra	NAME	Butter
Page 1	160 \	VAS DECEASED EVER IN U.S., AI YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SE 12 8-1	2-8803 Lucy Fleet	12806 Martin	Rd Brandywine 1
by the ottending printer over remove corbon pape I, cremation, or removal other traumotic event		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEC	gestine lover	notine for	Approximate interval Between onset and death
en signed b Then pleos or ta burial, injury, or o	NOIL	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE T	FERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 110
Strange prior Shows ony ii	CERTIFICATION	190. DATE OF OPERATION		CH OPERATION WAS PERFORMED	YES NO	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
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After the os the olth and morked o	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI		CITY OR TOWN	COUNTY STATE
detached for us ate Dept. af He IT. If hem 21 is i			of) view the body offer death.		IG MEDICAL STAFF	ond hour and fram the couses stoted
should be deta with the State [IMPORTANT: If		22d PHYSICIAN'S NAME (TYPE	ORPRINT) NUSTAN	22e ADDRESS 4235	25 0 pm	- ml 2003,
Y S X		BURIAL, CREMATION, REMOVA	23b. DATE 2-17-83	St. Phillips Ch.	A VASCO	P.G. Mad
6 50M 4/B2	24 F	UNERAL DIFECTOR	ADDRES	/ /250.	FEB 1 0 1983	Manual Store Store

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/	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 8 3 0	5 3 7 2
8 24		CEASED NAME FRST	MIDDLE 37	LAST		20 83 5:34 PI
ton and a	3. SE		INC V	SMITH Is date of Birth		IF UNDER 1 YEAR IF UNDER 24 HRS
83 St 2/		Female	White	Nov 22 1906	76 YRS.	MONTHS DAYS HOURS MIN.
TAN T		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
1		Maryland ITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	WIDOWED DIVORCED ON THE INSTITUTION	PRINCE GEORGES C	12b. KIND OF BUSINESS OR
D 19 00		LINTON	SOUTHERN MARYLA	MD HOSPITAL CENTE	R Housewife	
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12 th	14. Fr	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	IAME MIDDLE	LAST
11/100	4	John W.	Manifold,	Sr. Louis	se V.	Hall
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C the			r anly ane cause per line far (a), (b), a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
signed by the atter Then please remove to burial, cremotion njury, ar ather traun	NO	Conditions, if ony, which gove rise to immediate cause (10), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEOU		RMINAL DISEASE OR CONDITION GIVE	EN IN PART 110
has been permit, and prior aws any	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	206 AUTOPSY? 206. IF YES IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?
ng physicic certificate priod-transit ental Hygie frem 18 sha		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	AY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
After this con the burn of the ond Me marked or the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	211. LOCATION	CITY OR TOWN	COUNTY STATE
red by the hospital FUNERAL DIRECTOR: uid be detached for us in the State Dept. of He ORTANT: If hem 21 is:		220.1 certify that (1) (this has saw the deceased alive above, (1) (we) thin) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1797)	Heart Sunt	DEGREE MD ATTENDING PHYSICIAN 220 ADDRESS	n death accurred an the date and hour	221. DATE SIGNED 2 2/83
TO FUNER should be with the Sit		BURIAL, CREMATION, REMOV (SPECIFY) Burial	2-24-83 Ce	NAME OF CEMETERY OR CREMATORY dar Hill Cemete	23d. LOCATION CITY OF TOWN	COUNTY STATE
MH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR Robt NAME Funeral Hom	E Wilhelm ADDRESS	308 Suitland 250. D	B 2 8 1983	2. Calrield



	1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	5 3 7 3
TO B.		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH D.	AY YEAR 26 HOUR
(Wha		LEON	ARD Sylvester SMITH 02 0	8 83 8:20 PM
ector.	3. SE	x Male		FUNDER 1 YEAR IF UNDER 24 HRS
death. Po	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	75. CITIZEN OF WHAT COUNTRY? USA WIDOWED DIVORCED PRINCE GEORGE'S	
by the full with an analysis of the full with the full wit	10. ⊂	CHEVERLY	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) PRINCE GEORGE'S COUNTY HOSP 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Brick Laver	12b. KIND OF BUSINESS OR
6 E 3 0	130	STATE 136. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 136. CITY OR TOWN 138. INSIDE CITY LIMITS? 138. STREET ADDRESS	ZØ737
completely filled	A:		and Smith Eva Queenie Ma	ckall
n ond Poges		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Sam 215-56-8175 LORRAINE SMITH-/above.	e # 13
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours c attending physicion. After this certificate has been signed by the attending physicion and completely filled in by as the burial-transit permit. Then please remove carbonapopers. Pages I and 2 should be filled the and Mental Hygiene prior to burial, cremation, or removal. The and Mental Hygiene prior to burial, cremation, or removal.	NO	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) ABSCESSES IN LEFT LUNG DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 110
The low ration. It has been rate has been rationally given prior shows any	CERTIFICATION	190. DATE OF OPERATION		WERE FINDINGS USED ING CAUSES OF DEATH?
PHYSICIAN: The ending physicion this certificate the build-tronsit p and Memol Hygien done in 8 show		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR	T 1 OR PART 2}
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216. LOCATION STREET CITY OR TOWN	COUNTY STATE
TTENDI pital or TOR: 4 far use of Heal		saw the deceased alive or above, (I) (we) (did) (did no	ital) attended the deceased from 1-23, 19-83, to 2-8-, 19-83, ond that in (my) (our) opinion death occurred on the date and hour of view the body after death.	ond from the couses stated
Che Che		22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	220. DATE SIGNED 2 10 18 3
TO HOSPITAL Cretained by the TO FUNERAL Eshould be detained with the State EMPORTANT: If		122d PHYSICIAN'S NAME (TYPE	Goodman md. 3231 Superior has #A	7 BOWIE M
BP		BURIAL, CREMATION, REMOVAI SPECIFY Burial	2/14/83 Mt. Hope Church Sunderland, Ca	COUNTY Nd. STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)		eroy E. Berry	7-Huntingtown, Md. 20639 FEB 1 7 1983 John	AR'S SIGNATURE

WAY TO C. U. S. OF STREET, THE PARTY COMMISSION reval dolta Hate, Young et als gall and your L. Le Labrary 17 . 1, L. . estado de la estada del estada de la estada del estada de la estada del estada del estada de la estada de la estada de la estada de la estada del estada de la estada del estada del estada del estada del estada del estada del e .even v. 1724 all 54,4 ft fo-st-15 and a second control of the second control o William S. Maray S. Maray - Nuncias com, ed. 20633 | Hilly Strange of the Called

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

Myattsville, Maryland

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	sex ema		ite	5. DATE OF BIRTH MONTH DAY April 29	YEAR LAST BIRTHDAY) 1910 72 YRS.	MONTHS DAYS HOURS	R 24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	2 6	19 83
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1 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1	a. STA		1136 COUN		VERESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Largo	13d. INSIDE CITY LIMITS? YES E NO	10248 Princ	ce Place	20772
TEVILAL DESCRIPTION OF THE PROPERTY OF THE PRO		if I liam		J MIDDLE	Thrasher	15. MOTHER'S MAIL	DEN NAME MODIE		Miller
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AAL EXAMINER ALONG BURIAL - TRANSIT PERMI AND MENTAL HYGIENE, ATION, OR REMOVAL.	7	Conditions, if gove rise to couse (a) statin lying couse lost	any, which immediate g the <u>under</u> -	(b)	AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL	And CELLICATE BY			
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TE DEPARTMENT OF HEALTH AND MENTAL HYGIS 201 PRIOR TO BURIAL, CREMATION, OR REMOVA MEDICAL CERTIFICATION	DICAL CERTIFICATION	gove rise to couse (a) statin lying couse lost ART 2 OTHER ATTINIFICA OPEN DATE OF OPEN TO EXTERNAL CAL NDERLYING	any, which immediate g the under-	CONTRIBUTING TO DEATH CONTRIBUTING TO DEATH CONDITION	AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL TION FOR WHICH OPERATI FINJURY MONTH DAY YEAR 19	L DISEASE OR CONDITION GIVEN IN P	, PART 1 (a).		YES NO
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GE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALOI FEUERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PER REDEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIN LITMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVALUMORE, MARYLAND, AMENICAL CREMATION	MEDICAL CERTIFICATION	gove rise to couse (a) stating lying couse loss to couse (a) stating lying couse loss to couse (a) stating lying couse loss to couse (a) state of open and the couse of the co	any, which immediate g the under-	DUE TO, OR (b) DUE TO, OR (c) CONTRIBUTING TO DEATH 19b. CONDIT 21b. TIME OF HOUR A.M P.M 21e PLACE (STREET, FACT) ge of the remoins des ral causes X,	AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL TION FOR WHICH OPERATI F INJURY A. 19 OF INJURY (AT HOME, 10) IORY, FARM, ETC.) Scribed above, held on Accident , Suicid	DISEASE OR CONDITION GIVEN IN PLANTS OF THE PROPERTY OF THE PR	PART I (a). RED (ENTER NATURE OF INJURY IN TE CITY OR TOWN ion 3. Inquiry X. Undetermined monner [county ond in my opinion DATE 2/	YES □ NC

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN A MONTH DAY (TYPE OR PRINT) OF ESTI-Herbert Sowers 19 1983 James AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED 1983 Male Caucasian 8 1897 85 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED FOREIGN COUNTRY) USA Virginia WIDOWED DIVORCED Prince Georges NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 3014 Kirtland Ave. Forestville Operator Transi USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20747 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Pr George Maryland YES X Forestville NO [Kirtland Avenue 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST Jane Sprigg Sowers Marv Tames 60. WAS DECEASED EVER IN U.S. ARMED FORCES D-95 Keith Lane 166 SOCIAL SECURITY NO Grandson (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WWII 578-10=8270 Roy Herbert Brown Jessup, Md APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per lighter (b), ond (c). PART I DEATH WAS CAUSED BY: Temporter Cardio vas enter disense IMMEDIATE CAUSE (DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HIS YES [] NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY EXECUTE THE CERTIFICATE, WR PAGE A SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Homicide Noturol couses Suicide Undetermined monner TITLE (SPECIFY) 2/19/1983 Deputy MEDICAL EXAMINER Augusto P. Rodriguez, M.D. 5009 Rayburn Ct., Camp Springs, Md. 230 BURIAL, CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial 22Feb83 Cedar Hill Cemetery guitland BP Wilhelms **DHMH - 17** Suitland, Md. Funeral Home Inc (VR A15 ME (5)) 20M 4/B2

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MY DEAR L. THE P. L. P. L. Caucasten Juna 77, 1994 DENLYES enall and inter years Book vitorit tita x - aniwymnac, ... Pariyania Directly a line of the first and posted ACC was at any time of the Min marshall Infanct 12 his Cottone Britis Hard Duscus Years Megazitusim Tease midday 340 8 2/15 [83 duries "-5-1" de. Veterens tem. Cheltenhem, d.S., Hd. thungs cureral bone, and dore, thanklene

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~		REGISTRAR			MEDICAL E	XAMINER'S	CERTIFICATE	OF DEATH	REG. NO.	, , ,
1		ECEASED NAM	ME FIRS	T	WIDDLE		LAST	2a. DATE KNO	OWN MONTH	DAY YEAR 26 HOU
PLEASE CTOR. FILES. HOURS			Joan		Α.		eed	DEATH MA	TED 1 2	10 19 83
ADE DE	1 -		4 RACE	S. DATE OF E	DAY YEAR	6. AGE (IN YEARS IF U		ER 24 HRS. 2c. DATE	MONTH	DAY YEAR IN HOU
A VA		emale BIRTHPLACE	Negro	6-1	5-32	- 50 YRS.		DEAD	2	10 19 83 1
	5 _ 1	OREIGN COUNTRY)		OF WHAT COUNT	MAR	RIED NEVER MA	RRIED	CITY OR COUN	
25 July 2		ITY OR TOWN	Vania		JSA EHOSPITAL NUR	SING HOME, OR OT			ce Geor	ge's MI
A Page 1				(IF NOT IN S	UCH FACILITY, GIVE ST	REET ADDRESS)		FOR MOST OF WORKING	LIFE)	OR INDUSTRY
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AND	130.	STATE	13b. Co	YTANC		OR TOWN	13d. INSIDE CITY LIMITS			20747
	14. F	Md.	NE .	PG	IFOr	estville	15. MOTHER'S MA	TYTAU DIO	oks Dri	ive #822
DEETH. MEATH. MARKETH. MARKETH		Richa	ard	Lewis	Wil	liams	FIRST	D. Harman		LAST
	16a.	WAS DECEAS	ED EVER IN U.S	ARMED FORCES?	16b. SOC	AL SECURITY NO.	17 INFORMANT		DDRESS	
BALTIMA URS AFTER 3. GIVE PA WITH FOR WITH FOR DIVISION	1	NO.	(IF YES,	GIVE WAR OR DATES)	182	-34-419	Dwight	Madison, S	on Sam	ne as Above
WIT. P. DIV		18. CAUSE	OF DEATH (Ente	r only one couse p	er line for (a), (b),	and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TON ST TEM 1 ITEM 1 ITEM 1 ITEM 1 ITEM 1 PERMI SIENE,		PARTIE	EATH WAS CA	USED BY: DIATE CAUSE (o)_	Multip	le Scleros	sis & con	n pheatiens		BETWEEN ONSET AND DEATH
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L RECC	MEDICAL CERTIFICATION	19a. DATE O	FOPERATION	19b. CC	ONDITION FOR V	HICH OPERATION V	VAS PERFORMED?			20. AUTOPSY?
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ON OF VITAL RIPIDATE SHOULD STHE WORD." PROVIDE BE USED. ARTMENT OF HE OR F. ARTMENT O	3		AL CAUSE WA		ME OF INJURY	DAY YEAR 21c. H	IOW INJURY OCCUR	RED LENTER NATURE OF INJURY H	NITEM 18 PART 1 OR PA	
SION (STIFIC VG THING SHOUL) SHOUL	14	UNDERLYIN CONTRIBUT	G ☐ OR ING ☐ CAUSE		P.M.	DAY YEAR				
VISION CERTIFIC TING TH DED TO 3 SHOU DEPART	ğ	21d INJURY WHILE			ACE OF INJURY		OCATION STREET	CITY OR TOWN		DUNTY STATE
DIVIS THIS CER WARDED PAGE 3 S TATE DEF	1	AT WORK	AT WORK				311221	CITTOR TOWN	CO	UNIT STATE
		22a. I cert	tify that I took c	horge of the remai	ns described obov	e, held on Auto	psy , Inspec	tion X, Inquiry X	, and in my o	Pinion
EXAMINER CERTIFICATION NULD BE FOI V. WITH THE MARYLAND		death resul	ted from:	oturol causes	. Accident	, Suicide	, Homicide	· Undetermined manner		514
MAR WAR		ACTUAL	1	01	7		TITLE (SPECIFY)			2/20/02
A HANGER		SIGNATURE	(Juger	1977	dryug		Deputy Deputy	MEDICAL EXAMINE	R SIGNE	2/10/83
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STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BOTT I ROLLINS FUNEFAL BOME, INC. WAR 1 FR A PAR HELD PLACE N E. I

Maryland 20772:

(VRA 15, 4)

STATE OF MARYLAND

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ALEXANDER S. POPE-2617 Pennsylvania Ave., S.E.

FOR

I. DECEASED NAME

REGISTRAR

- STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH 7b. HOUR 02-28-83 9:15PM February & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 1918 65 9 BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE'S COUNTY 12g. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Government Guard 20785 13e. STREET ADDRESS 1836 Village Green Drive Harris Steven Stewart-son, 1836 Village Green Dr. 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE (my) (bur) opinion death occurred on the date and hour and from the causes stated MEDICAL DIRECTOR | PHYSICIAN | Prince George's General Hosp., Cheverly, MD 23d LOCATION

Landover

PG Maryland

STATE OF MARYLAND

LAST

BP.

24 FUNERAL DIRECTOR

(VRA 15, 4)

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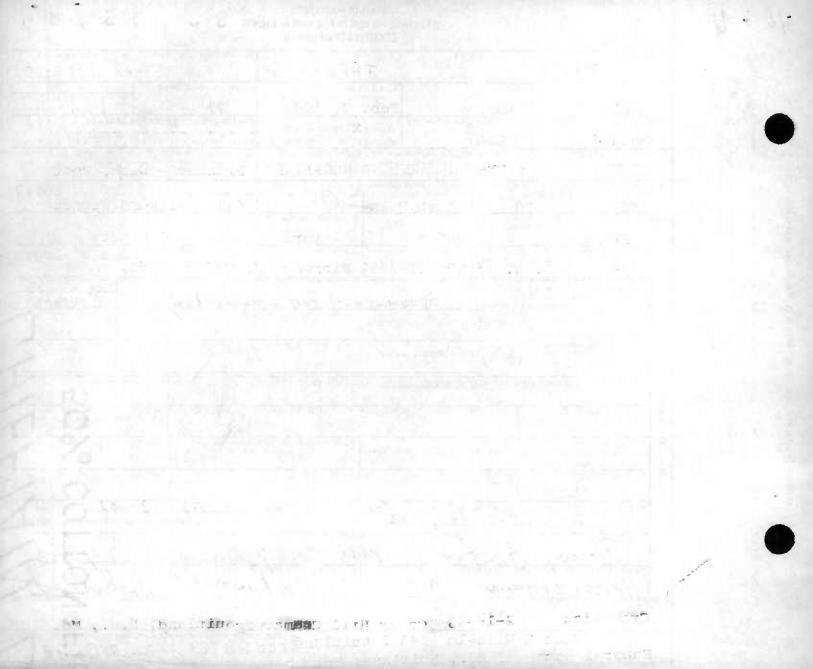
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uires that the death cer signed by the attending ten please remove carbo to burial, cremation, or ury, or other traumatice	7	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) SEVER DUE TO, OR AS A CONSEQUE (c) PLANTING	TURITY - NCE OF EMAT - 20 NCE OF PREMAT - 20		
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R ATTEND hospital a RECTOR: hed for use ept. of Hear 21 is n		saw the deceased alive on obove, (1) (will ideal and 22b. SIGNATURE	tol) ottended the deceosed from 2		deoth occurred on the do	ste and hour and from the causes stated 22c DATE SIGNED
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33		ty or town of deat Lanham		NAME OF HOSPITA		OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWI	ION OF WORKING LIFE) fo	12b. KIND O INDUSTRY	F BUSINESS
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Oca /	14. FA	THER'S NAME Paul	MIDDI	. Na	c'i'n	15. MOTHER'S MAIDEN NA	WIDDLE	Sz	zme tk	
ewayol.		VAS DECEASED EVER II (ES. NO ORUNKNOWN)	N U.S. ARMED (IF YES, GIVE WAI		CIAL SECURITY NO. 5-09-531	7 Melvin D	Surface-	above		MATE INTERVAL
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Then please rer r to burial, crem injury, or ather	CATION	couse (0), stating underlying cause	IFICANT CON	(c)	TING TO DEATH BU	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	20b. IF YES, V	VERE FINDIN	NGS USED
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	Virgi		5 6	76. CITIZEN OF WHAT COUNTRY? U.S.A.			8. MARRIED NEVER MARRIED WIDOWED MONORED DIVORCED		PRINCE	_	-	OF DEATH		MD.
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AND 212	Mary	land	136 COUN	other institution TY Ce Geo.	13c CITY OF	BEFORE ADMISSION TOWN tsville	13d. INSIDE CITY LIA YES XX NO		3°.50 T 6^	DB 7545	Avenue	2	201	81
MARYL ted within ond 2 sh ond 2 sh	14. FATHER'S	emual	^	MIDDLE	Pai	nter	15. MOTHER'S MAIL Eli'RSA		E	WIDDLE		M	ason	
mond co	Nos. No	CEASED EVER OR UNKNOWN)		MED FORCES? E WAR OR DATES)		9 6805	17. INFORMANT Vernie L.	Pain	ter S	ADDRE Same	as #13	(Si	ster)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or otherding physician. Wher this certificate has been signed by the otherding physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file than a Membel Hygiene prior to buriol, cremotion, or removal. orked or them 18 shows any injury, or other traumotic event, the medical asominer must be no orked or them 18 shows any injury, or other traumotic event, the medical asominer must be not orked or them.	gove cous unde		, which mediote ing the lost.	DUE TO, CO	OR AS A CONS	SEQUENCE OF SEQUENCE OF SEQUENCE OF	Related to the	tion HE TERMIN	NAL DISEASE	OR CONI	DITION GIVE		B 7. m	
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6160 Oxon Hill Rd.

George P. Kalas Funeral Home Oxon Hill, Md.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B2 (VRA 15, 4) - STATE

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(VRA 15, 4)

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Hubbard Funeral Home, Inc. 4407 Wilkens Ave.

(VRA 15, 4)

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[DEC. 24, 143] Lincolne Drynne Nord & 3 Consuged Hoad Entit Hilton Jenilos Jene Charles EL se amer managed . . . sing 17 WHIR-SE-37 . ----Sent mutanifration . at c. 101 er. Joeis F. - Print, J.O. C. Wentern, receipme 20750 .Dr. Jackson att. Uncelles come Lymunis, and Laborate Works Feneral Moor, Maldodf, Mareland

FOR STATE REGISTRAR			STATE PARTMENT OF F	HEALTH		NTAL HYGIE	9	O REG. NO.	5	3 9	1
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DO Bowie	F DEATH 11. NA	IOT IN SUCH FACIL	TAL, NURSING HOME ITY, GIVE STREET ADDRESS) :more Lan		er institutio	FO	SUAL OCCUPATE MOST OF WORKIN	G LIEF)	F WORK	OR INDUS	USINESS TRY
USUAL RESIDENCE (#	13b COUNTY P.		RESIDENCE BEFORE ADMISSION 130. CITY OR TOWN BOWIE)N)	13d. INSIDE CITY YES 🔀	LIMITS? 13e. ST	REET ADDRESS		ne	20715	
14 FATHER'S NAME FIRST John	MIDDLE	Çox	. Sr.		FIRS	s MAIDEN NAM	NE MIDD	LE	Mil	lligar	1
160. WAS DECEASED (YES, NO, OR UNKNOW	EVER IN U.S. ARMED FOR		166. SOCIAL SECURITY 579-28-8		17. INFORMA			address on	s ame		3e
PARTIDEA 4 96 Conditions gove rise	s, if any, which to immediate stating the <u>under-</u>	Cate (a) Cate (b) CO	rdio Respi	OF	ry Arre	est				BETWEEN ONS	ET AND DEATH
PART 2 OTHER SIGN	NIFICANT CONDITIONS CONTRIBUT										
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22a. I certify	that I taok charge of the	error .		Autop	Hamicid	CIFY)	Inquiry _		n my apin		
ACTUAL SIGNATURE_	SMD A	T. DA	BE M	M	Deput.	Уме	DICAL EXAMIN	ER	DATE	2/3/03	
WATURE OF BEING THE CANADIAN AND STREET OF STR	NAME Said A. D	Daee, M	.D.		ADDRESS 56	32 Anna	polis R				
ACTUAL SIGNATURE	NAME Said A. I	Daee, M		vet	ADDRESS 56 R CREMATOR Cem.	32 Anna	polis R	d. #4,	Bla	densbu	

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10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 shauld be filed would the State Dept. of Health and Mental Hygiene priar to buriol, cremation, or remayal.

FOR - STATE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1. DECEASED NAME	FIRST	MIDDLE	L	AS1	20 DATE OF DEATH M	ONTH DAY YEAR 26 H
(TYPE OR PRINT)	Virgil	L.	Ther	nburg	February 1	, 1983 2:0
3. SEX	4. RA	CE	S. DATE C		6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YEAR IF UN
Male	C	auc.	· MONTH	1 08°	74	YRS. MONTHS DAYS HOUR
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Clinten	So	enot in such facility, give uthern Mary	STREET ADDRESS)	prother institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Retired	
Md.	Pr. Geo	13c CITY OR	BEFORE ADMISSION) R TOWN Springs	13d. INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS 6705 Coolr	idge Rd. 20748
14. FATHER'S NAME FIRST Clare			rnburg	15 MOTHER'S MAIDEN N. Beda	WIDDLE	Arnet
160 WAS DECEASED (YES NO OR UNKNOW	EVER IN U.S. ARMED F	OR DATES!	3-8878A	17. INFORMANT	mburg same a	20 mars 1 1 1 2 4 1 4 5 5 7 1 1
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PART 2. OTHER	ony, which immediate stating the couse last	(b)	SEQUENCE OF		MINAL DISEASE OR CONDI	
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PART 2. OTHER PART 2. OTHER 19a DATE OF OF 121a. ACCIDENT W. OR CONTRIBUTING (IF EITHER NOTH: ATWORK 22a. I certify the saw the de	ony, which immediate stating the couse lost SIGNIFICANT COND SIGNIFICANT COND COUSE LOST COUSE LOS	Itions Contributing The Condition for w The Condition for w The Time of Injury HOUR A.M. MONTH P.M. The PLACE OF Injury The Home Street Factory, o Tended the deceased f	GTO DEATH BUT WHICH OPERATION H DAY YEAR 19 FERCE FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUBE 21l LOCATION STREET 19 ad that in (my) (our) opinion DECREE ATTENDING PHYSICIAN 22c. ADDRESS	AND AL DISEASE OR CONDITION AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN death accurred on the date MEDICAL STAFF DIRECTOR PHYSICIA	20b. IF YES, WERE FINDINGS UN CERTIFYING CAUSES OF DI YES NO NITEM 18 PART LOR PART 2) COUNTY COUNTY 22c. DATÉ SIGNE

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

G.P. Kalas 6160 Oxen Hill Rd. Oxen Hill, Md.

FEB 7 1983 Found Supering

SIGNATURE /

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Tt. Lincoln Cometery

noowing at

G. P. Kalas 6160 Oxon Hill Pd. Coon Hill, Md.

2/2/22

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(VRA 15, 4)

AUSTELL ROLLING FUNERAL HOME INC.

4359 HEAT PLACE N. E.

	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	- 1
		0 1
BP	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 retained by the hospital or attending physicion.	PA JUL
	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, polyshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours offer direction, with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.	19年

H	1-	FOR STATE REGISTRAR	DEPARTM	NENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 3	0 5	3 9 4
		CEASED NAME FIRST Giulio	WIDDLE	TOMA		20. DATE OF DEATH		
	3. SEX		4. RACE	5. DATE OF		February 7,		6:37p M
	3. JE	Male	White		1,004	79	YRS.	
ot out		RTHPLACE (STATE OF FOREIGN	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED WIDOWED	NEVER MARRIED D	9. BALTIMORE CITY OF	R COUNTY OF DEATH	MD
Solified S		ty or town of death anham	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A DOCTORS HOSPIT	G HOME OF	OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Laborer	ON 126, KIN	D OF BUSINESS OR RY IStruction
ed issue	13a. S	AL RESIDENCE (IF NURSING HOME OF LIATE 136. COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE.	ADMISSION)	13d. INSIDE CITY LIMITS? YES A NO	7810 Car	issa La.	20707
exomine	14 FA	THER'S NAME FIRST Unk.	MIDDLE LAST		S. MOTHER'S MAIDEN NAM	Unk. MIDDLE		LAST
medical		VAS DECEASED EVER IN U.S. A VES NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166. SOCIAL SECUP VE WAR OR DATES) 112-03-		Patricia A	. Freer	same as #	FOXIMATE INTERVAL
injury, ar other traumatic eve	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b)	NCE OF CO Vas	culor ac	failar ci dent MAL DISEASE OR CONE		T l(a)
Shows any	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION	WAS PERFORMED	20¢ AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	IDINGS USED SES OF DEATH?
18 st		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18-PART 1 OR PART	2)
rked ar	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		21f. LOCATION STREET	CITY OR TO	VN COUNTY	STATE
21 із то		saw the deceased alive a	attended the deceased from 7 19 8 or) view the body after death.	2	that in (my) (aux) opinion o			, that (i) (we) last the couses stated
IT: If Hem		226. SIGNATURE	Boetcher,	M.	O a ATTENDING PHYSICIAN	MEDICAL STAF	F 2/	8/83
IMPORTANT: IF		22d PHYSICIAN'S NAME (TYPE DAVID BOETCHE			220. ADDRESS 14300 Gallar	nt Fox Lane,	Bowie, Md	20715
\$	(urial, cremation, remova specify Burial	2/10/83 Ro	se Hi	METERY OR CREMATORY 11 Mem.Par			
M 4/82 4)	² Fi 76	ECK FUNERAL 01 Sandy Spi	HOME, INCAPPRESS	1. Mc		B 1 0 1983	25b. REGISTRAR'S SIGN	Court

EV Hospital 1 2 12 year AND A STREET STREET, AND ASSESSED. completely filled in by the funeral s 1 and 2 should be filed within 72

medical exam

FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYD ICATE OF DEATH	GIENE 8 3 O	5 3 9 5
I. DECEASED NAME	FIRST	MIDDLE	ı	AST	20. DATE OF DEATH MONTH D.	AY YEAR 26. HOUR
[TYPE OR PRINT]	Louise	E.	Tul	loss	February 26, 19	83 12:05 M
3. SEX Female	4. RACE	e	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS. ONTHS: DAYS HOURS MIN.
7s. BIRTHPLACE (STATE COUNTRY) Virginia	OR FOREIGN 76. CITIZEN	OF WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY OF Prince George's	
Lanham	DEATH 11. NAME (ADDRESS)	or other institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	12b. KIND OF BUSINESS OR
USUAL RESIDENCE (IF N 130. STATE Maryland	IURSING HOME OR OTHER INSTITUT	13c. CITY OR TOW Colmar	VN	13d. INSIDE CITY LIMITS? YES TO D	13. STREET ADDRESS Zip Co 3901 Newton Str	de - 20722 eet
14. FATHER'S NAME FIRST Edward	MIDDLE E	Peters		15. MOTHER'S MAIDEN NA FIRST	ME MIDDLE E	Roteler
168. WAS DECEASED EV	(ER IN U.S. ARMED FORCE:			Mr. David H.	ADDRESS 5300 Tulloss Riverdal	
	ATH (Enter only one cause H WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (a), (b), ar Condusp	ul.	uonary	failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditions, if a gave rise to a cause (a), st underlying co	immediate of the DUE TO	OR AS A CONSEQUENCE OF AS	no	relevated	heartdess	مده
No Haru	eslytes	CONTRIBUTING TO	10-	rugelos	Caco	WERE FINDINGS USED
SE .					IN CERTIFY	ING CAUSES OF DEATH?

ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this hospital) ottended the deceased from saw the deceosed alive an and that in (my) (our) apinion death occurred an the date and have and from the causes stated 22b. SIGNATURE DEGREE 22t. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF

certificate has the buriol-transit per and Mental Hygiene

or Hem 18

MEDICAL

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached with the State Dept. MPORTANT: If Item

BP. 24 FUNERAL DIRECTOR Gasch's Sons F.H. P.A. Hyattsville, Md.

Don B. Cameron, M.D. 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 3-1-83 Burial

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

231. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery

22e. ADDRESS

236 LOCATION

CITY OR TOWN Brentwood

Maryland P.G.

Feb.28,1983

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAR

6490 Landover Road - Cheverly, Maryland

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A. Co. A. Co.					
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1	1.	FOR STATE REGISTRAR	DE		IEALTH AND MENTAL HY	REG. NO.	05390
ed the	1. DE (TYPE	CEASED NAME FIRST OR PRINT) E DUIN	RAYMONT	TU	LLY	70 DATE OF DEATH MONTH	1983 830A
4 may	3. SE		4 RACE	5. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
- 60 (M)	7. 0	MALE	WHITE	NOU	30 1919		RS.
£ 10 X	C	RTHPLACE ISTATE OR FOREIGN OUNTRY) VEW YORK	76 CITIZEN OF WHAT COUR	MARRIE	D SNEVER MARRIED	PRINCE 6	PROKES
ofter der the furth		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORK!	126. KIND OF BUSINESS OF INDUSTRY
filled in by ould be file mest be re	₩SU 13a. (AL RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY OF	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	TBI AGENT	20715
thin 2 thin 2 should fill	14 F	ATHER'S NAME	0 B	OWIE	YES NO		VHILL DRIVE
mak ted with		JAMES	AND LAS	×	Mary	WIDDLE	Kiernan LAST
BALTIMORE, tote be execu- sysician and co opers. Pages I ye, the medicol		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV		SECURITY NO. 16-958]	MILDRED TUL	LY 2702 KeniHi	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
on w. PRESTON ST., BA that the death certifical d by the attending physicase remave carbon pop iol, cremotion, ar removo or other troumatic event,		18. CAUSE OF DEATH /Enter or PART I. DEATH WAS CAUSE 153 9 IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CON (c) DUE TO, OR AS A CON (c)	SPINA SEQUENCE OF TAST SEQUENCE OF TROID	ATIC CAR	Cocon	1 YEAR 21/2 YEAR
ow requires been signe mit. Then p priar ta bur.	CERTIFICATION	PART 2 OTHER SIGNIFICANT I	CONDITIONS CONTRIBUTION 196. CONDITION FOR V			VINAL DISEASE OR CONDITION 200 AUTOPSY? 20b. I	FYES, WERE FINDINGS USED
he lo has to perione provided to the perione provided	H	SEPT 12,198	2 BOWEL	OBST	RUCTION	YES NOT	ERTIFYING CAUSES OF DEATH? YES NO
SICIAN: T ng physici certificate urial-transi ental Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	7111	H DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEA	A 18, PART 1 OR PART 2)
NG PHYSICIAN: The low requirent of the control of the conflicate has been signs at the burial-transit permit. Then the and Mental Hygiene prior to be acked or them 18 shows ony injury or the control of	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, (OFFICE, FARM, ETC.)	21f_LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital ar TTOR: Aft for use or of Health		22a. Licertify that (I) (this hasp	tal) attended the deceased	from <u>56</u>			hour and from the couses stated
AI OR A the hos AI DIREC detached ore Dept. IT; If Item	,	22b. SIGNATURE	n KBoln	I M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED FEB 2, 198
TO HOSPITAL etoined by the TO FUNERAL should be deter with the State		NORMAN K	BOARE	R	3231 Supe	FRIOR LANE	BOWIE, MD 2071
D 5 0 4 3 4	23a. (BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 2-5-1983		EMETERY OR CREMATORY Y Valley	23d LOCATION CITYORTOWN Cockeysvill	e Maryland
DHMH - 16 50M 1/76	24 F	UNERAL DIRECTOR	ADDR	ESS 1050 YO	25- DA	TE REC'D. BY REGISTRAR 256. DE	
(VR A 15 (4))	Ru	ck Towson Funer				EB 71983	range which

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12.68E 75	ITY	PE OR PRINT)	Georg	0	Emma	Т,	wyman	- 1	OF E	ESTI-	2	1719		
C DIRECTOR.	3. SE	(4 R		5. DATE OF BIRT	H 6. AGE (IN YEARS IF UN	NDER 1 YR. IF UNDER		DATE	M	ONTH			2d HOUR
PAR	Fe	emale B	lack	3 20		LYRS. MONT	HS DAYS HOURS	MIN PR	ONOUNCE DEAD	ED	2	17 19	83	10:10
MIL		RTHPLACE (STATE C		76 CITIZEN OF	WHAT COUNTRY?	9	IED NEVER MARI	PIED 187	BALTIMO	RE CITY OR C	OUNTY			p m
0) "	Kentuck	У	U.S.	,A.	WIDOW		CED 🗆		e Geor		Cou	nty	, MD.
274	10 C	TY OR TOWN OF D	EATH	HE NOT IN SUCH	DSPITAL, NURSING H		IER INSTITUTION	FOR MOS	ST OF WORKIN	TION TYPE OF	- 1	OR IND	F BUS DUSTRY	INESS
DIVISION OF VITAL RECORDS, 201 W		heverly			George's G	eneral	Hospital	Ret	. Dor	mesti	e Wa	orke:	r-	
35		TATE Md.	13b COUN Pr. G		130. CITY OR TOW Mt.Rain	ier	13d. INSIDE CITY LIMITS?	1333TREE	ADDRESS -NOT	wton	St.	(20	71	2)
n	14. F/	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID	DEN NAME	MIDD	OLE .	77	LAST		
4		Chapma	n		Twyma	n	Sall	ie	1-11			Toole	son	1
	16a. V (Y	VAS DECEASED EVI ES, NO, OR UNKNOWN) NO	(IF YES, GIVE	WED FORCES? WAR OR DATES)	406-24		Cassand:	ra D.	Wils	on-Si	Lver	Chay Sp:	er rin	Ave
		18. CAUSE OF DE PART I DEATH	ATH (Enter on	ly one couse per li	ne for (o), (b), ond (c).					Md.	•	APPROX	MATE I	NTERVAL AND DEATH
	100	000		TE CAUSE (0)			Inhalatio	n	200					
OR REWOVER	>	Conditions, if	any, which	DUE TO, C	OR AS A CONSEQUEN	ICE OF								
		gave rise to	o immediate	(b)	OR AS A CONSEQUEN	CE OF							+	
		lying couse lo		(c)	AS A CONSEQUEN	CE OF		1.16						
	z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO DEAT	TH RUT NOT RELATED TO THE	TERMINAL OISEAS	E OR CONDITION GIVEN IN P.	ART 1 (0).					Alli	
100	ATIO	19e. DATE OF OPE	RATION	19b. CONI	DITION FOR WHICH O	PERATION W	/AS PERFORMED?					20 AUTO	PSY?	
1	IFIC											YES		NOVY
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4	CAL	UNDERLYING X	CAUSE OF E	DEATH 9. 34 P.	M. 2 17 19	83 st	ubject in	housef	ire					
)	MEDICAL CERTIFICATION	21d INJURY OCCU	JRRED	21e PLACI	E OF INJURY (AT HOM ACTORY, FARM, ETC.)	E. 211 LO	CATION STREET		TTY OR TOWN		COUN			STATE
0			WORK X	X	Home	. 34	03 Newton	St., Mt	. Rai	ner,Pr		Geo		
40		220 I certify the	ot I took charg	e of the remains d	escribed hove, held	on Autop	sy , Inspection	XXI	Inquiry [, ond in	my opin	ion	• •	Md.
		death resulted fr	Notur	rol courses	adolitent XX	90icide	, Homicide .	Undetern	nined mann	ner .				
		ACTUAL A	le.	100	Show John	no	TITLE (SPECIFY)	+			DATE	2	18-	07
~		SIGNATURE		W/V	my. 1	1004	Assistan	MEDICA	AL EXAMIN	ER	SIGNED		10-	02
1		EXAMINER'S NAM (TYPE OR PRINT)	NE De	nnis F.	Smyth, M.D	•	ADDRESS		n Str	eet				
4	23a.B	URIAL, CREMATION Burial					R CREMATORY	23d. LOCA			COUNTY		STAT	
		BUPLAL UNERAL DIRECTOR					n Cem.	Bre	n two	P REGISTR		O .	Md	
		NAME	аттел	Inc.	ss Mt.Rai Md.	nier,	FFF	REC'D. BY RE	383	REGISTR	20	sheet	A	
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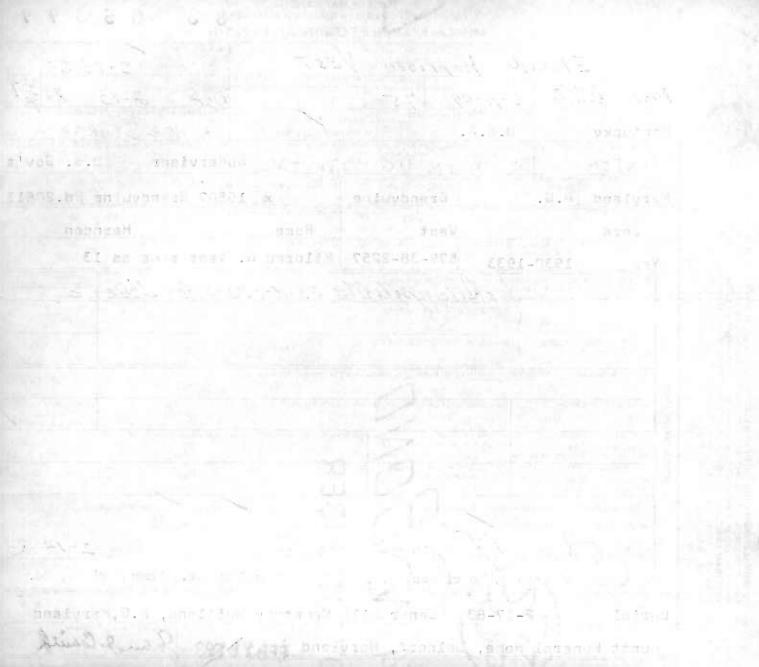
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	1	FOR			DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	3	0 5	.3	9 8
	1	STATE REGISTRAR		ME	DICAL EXAMIN	IER'S C	ERTIFICATE O	F DEATH	REG. N	10.		
		CEASED NAME E OR PRINT)	FIRST		WIDDLE		LAST	2a. D	ATE KNOWN	X MONTH	DAY YE	AR 2b. HOUR
	(111	E OK PKINT)	Gloria		K.	Tw	yman		OF ESTI-	2	1719 8	33
	3. SE)	4. RA	CE 5.	DATE OF BIRTH	YEAR LAST BIRTHE	ARS IF UN	DER 1 YR. IF UNDER		DATE	MONTH		FAR 2d. HOUR
-	Fe	male B1	ack	4-23-1		RS. MONTE	S DAYS HOURS		NOUNCED DEAD	2	17 19 8	33 0:10
)	70. BI	RTHPLACE (STATE OF		. CITIZEN OF WI		0	ED NEVER MARRIE	9. BA	LTIMORE CITY	OR COUNT		
١		entucky		U.S.A	111340-	WIDOW			ince Geo	orge's	Count	tv.
D		TY OR TOWN OF DE	ATH 1	I. NAME OF HOS	PITAL, NURSING HOM			12a. USUAL C	CCUPATION (T)		126. KIND OF	F BUSINESS
4	4	Cheverly			George's Ge	nora	Hospital	Ret.	Meteo	rolog	ORIND	Asst.
1	USUA	AL RESIDENCE (IF IN		THER INSTITUTION, GI	IVF RESIDENCE BFFORE ADMISS	ION)						
)	13e. S	Md.	Pr. Ge	0	Mt. Raini	er	13d INSIDE CITY LIMITS?	3403		ton S	(207	t 2)
_	14. F/	ATHER'S NAME			[110 1001111		15. MOTHER'S MAIDE					
		Grant	A	MIDDLE	tepp		George		MIDDLE	Twyma	LAST	
	16a. V	VAS DECEASED EVE		D FORCES?	166. SOCIAL SECURIT	YNO.	17 INFORMANT			4-Tha		Ave.
	(Y	Yes	Kore		579-36-1	205	Cassandı	ra D.	-			Spring
					far (o), (b), and (c).)		Cabbandi				APPROXI	MATE INTERVAL
		PART I DEATH	WAS CAUSED B	Y:		nd Sou	ot Inhalati	on			SETWEENO	ONSET AND DEATH
		290	IMMEDIATE	- 1 /	AS A CONSEQUENCE		21 Timarası	OH				
T. A.	2	Canditions, if										
KIND OK KONONE.		gove rise to couse (a) statir		DUE TO OR	AS A CONSEQUENCE	OF						
		lying couse los	1.			0.						
		PART 2 OTHER SIGNIFICA	ANT CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASI	OF CONDITION GIVEN IN PAR	T 1 (a)				
	Z				TO THE TENTE OF THE TEN	AINAL GISERS	OR CONDITION DISER IN TAK	11 1 (0).				
len,	¥	196. DATE OF OPER	RATION	19b. CONDI	TION FOR WHICH OPE	RATION W	AS PERFORMED?	_			20 AUTOR	PSY?
1	끮										YES [XX ON
7	CERTIFICATION	210. EXTERNAL CA		21b. TIME O	FINJURY MONTH DAY YEA		OW INJURY OCCURRED	D (ENTER NATURE	OF INJURY IN ITEM 1	8 PART I OR PART		- NOAA
5		UNDERLYING CONTRIBUTING	OR CAUSE OF DEA				ject in ho	usefir	e			
233	MEDICAL	21d. INJURY OCCU		21e. PLACE	OF INJURY (AT HOME,	211. LO	CATION					
7	¥	WHILE NO	T WHILE XX	STREET, FAC	TORY, FARM, ETC.)		TREET		ORTOWN	Dring		STATE
de			WORK .	1000	Home	1 340		t Mt	Rainer	Prince	Co	o., Md.
16		220 I certify tho	t I topk charge o	of the remains alm	er bed above, held on	Autop	sy 🔲 , Inspection	XX. In	quiry L., c	nd in my api	nion	, na.
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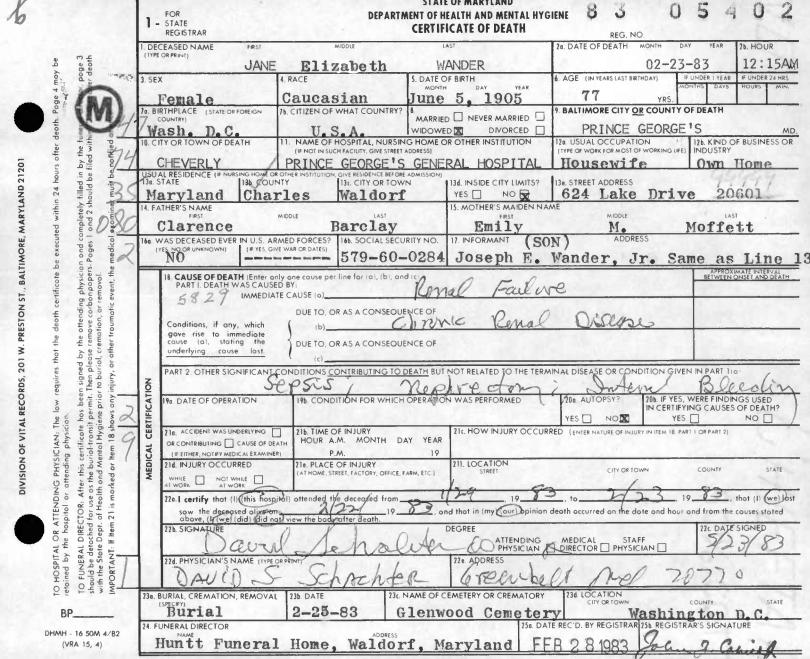
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	ATHER'S NAME FIRST ZETE		AIDDLE	Vest	ROBE	NAME		Herndon
	WAS DECEASED EV YES, NO, OR UNKNOWN) YES	(IF YES, GIVE WAR	OR DATES)	579-38-2257	Mildred	G. Vest	ADDRESS	as 13
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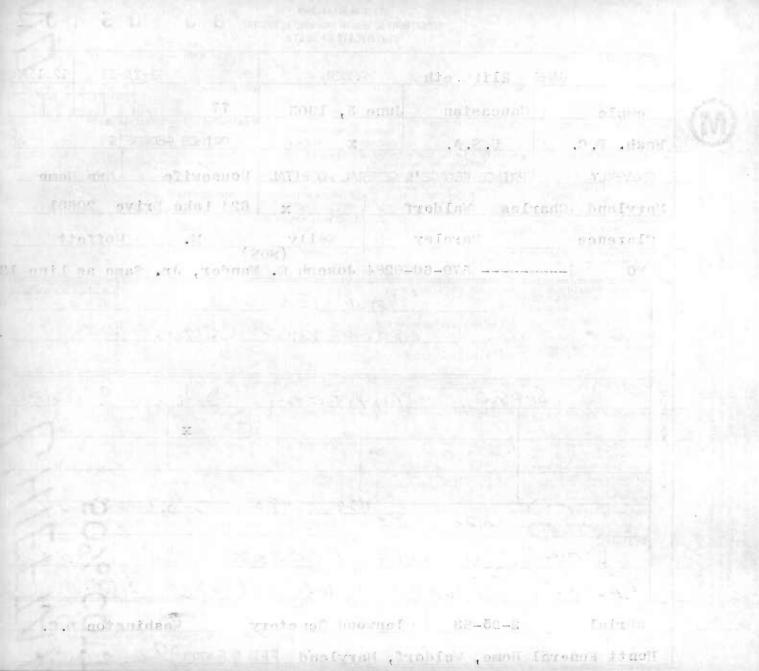


STATE OF MARYLAND

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FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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20	4	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	0	NEVER MAR	RIED -	PRINCE GE			MD.
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21 is marked ar He	W	220.1 certify that (1) (this has			, an	d that in (my) (au	r) apinian de	ath accurred an the	date and h	our and from the	auses stated
e Dept. of Health and	M					EGREE		MEDICAL ST		22c. DATE	
Myth the State Dept. of Health and Men.	IW	220.1 certify that (I) (this hasp saw the deceased alive of abave, (I) (we) (did) (did no 22b. SIGNATURE	n 15 at view the body			EGREE		MEDICAL S'		22c. DATE	SIGNED

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+	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 3 3	05405
/		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
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Page 4 may	3. SE	Male	Black	5. DATE OF BIRTH MONTH TULL 1919		
odh. Po	777	RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COU	
S offer d		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION (TADDRESS) S GENERAL HOSPIT	TYPE OF WORK FOR MOST OF WORKIN	
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physici physici rrificate sl-tronsi tol Hyg m 18 sh		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2)
Q = + e D	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION	CITY OR TOWN	COUNTY STATE
Se o se o man	3	220.1 certify that (I) (this haspi	tal) attended the deceased from	~ 3	2 10 Fol 16	, 19 St., that (I) (we) last
OR ATTENI e haspital DIRECTOR: oched for us Dept. af He		sow the deceased alive an abave, (I) (we) (did) (did	Thew the bady after death.	DEGROE	inian death accurred an the date and	22c. DATE SIGNED
by the	N	22d. PHYSICIAN'S NAME (TYPE C	Or PRINT)	PHYSICIA 220 GADORES O	MEDICAL STAFF ANDOVER	RO
retained I		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATO	ORY 23d LOCATION	140
BP		(SPECIFY) BUTIAL UNERAL DIRECTOR	02-19-83	Washington NA	DATE REC'D. BY REGISTRAR	1 P.G. MATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	R	host G. Mason	1661 Good	Hope Rd. S.E.	FEB 1 8 1983	and Comer
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STATE OF MARYLAND

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20735 LAST 9252 Piscataway Road Clinton, MD 20735 AMUAS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.10 706. IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinian deoth accurred on the date and hour and from the causes stated 22c DATE SIGNED suite 101 20735. Resurrection Cemetery Clinton Prince George's MD Burial 24 FUNERAL DIRECTOR ROLLINS FUNERAL HOME, INC. DHMH - 16 50M 4/82 4339 HUNT PLACE, N. E. (VRA 15, 4) WASHINGTON D. C. 20019

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

None

FOR

- STATE

Washington D.C.

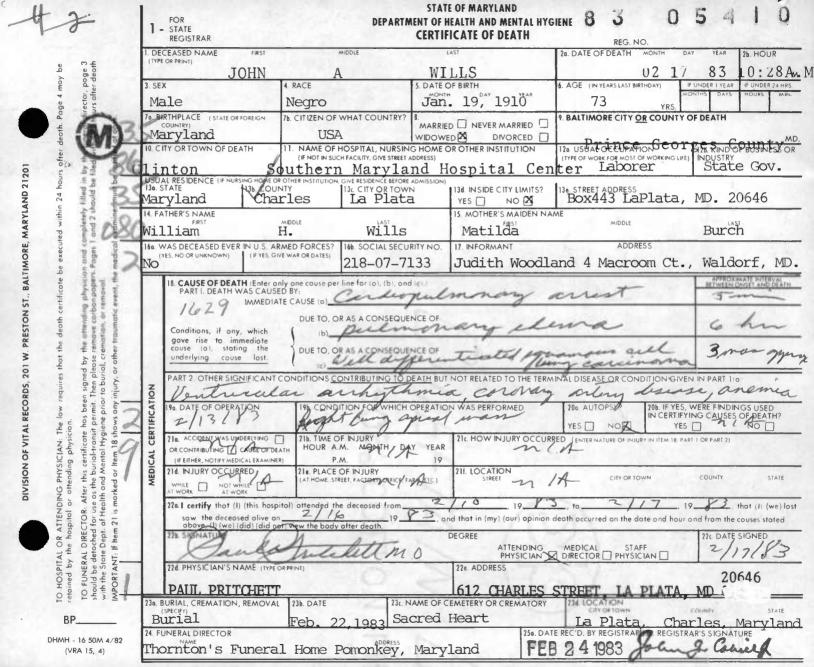
STATE OF MARYLAND

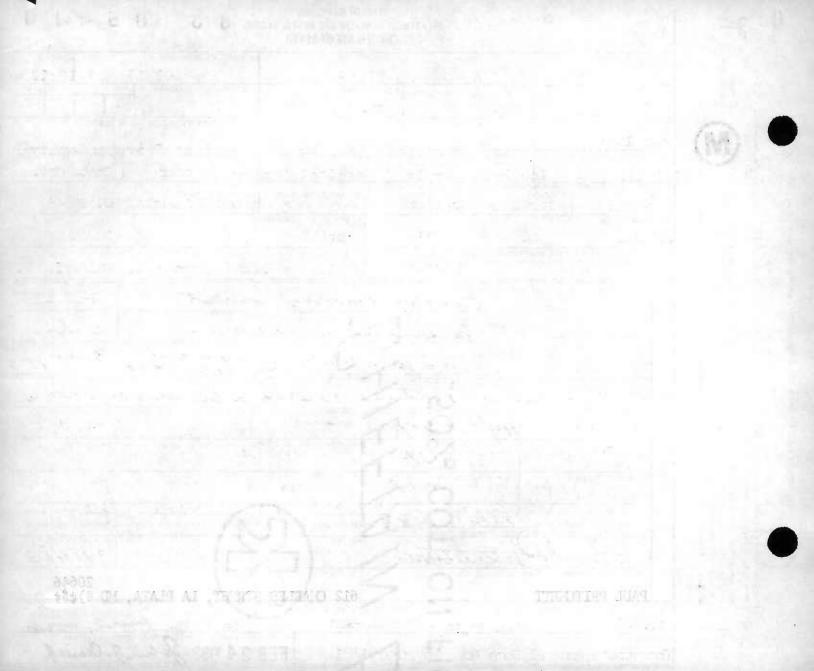
FOR

(VRA 15, 4) 1/79

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Burial Feb. 1,1903 Co. impola Joseph FLEO Misc. ave. M. I. Joseph Ulylera Sone Heshington D.C.





		STATE REGISTRAR CEASED NAME FIRST FOR PRINT)	WIDDLE	CERTIFIC	ATE OF DEATH	REG. No.	O. MONTH DAY	YEAR 26. HOUR
19	1111	KATH	ILEEN F.	WILSON		2	/11/83	5 - 1 5
01	3. SE	164-18-4	4. RACE	5. DATE OF E	BIRTH YEAR	6. AGE (IN YEARS LAST BIR		DER 1 YEAR IF UNDER 24
(BA		emale	Caucasian	March	28, 1921	61	YRS.	
ע	Ne	IRTHPLACE (STATE OR FOREIGN COUNTRY) W YORK	76. CITIZEN OF WHAT COUN	MARRIED WIDOWED	NEVER MARRIED DIVORCED	PRINCE GE		OUNTY.
80	C	LINTON		ARYLAND	OTHER INSTITUTION HOSPITAL	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST Of Administra	F WORKING LIFE) IN	Reine Hie
8	13a.	aryland Pri	AE OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY 13c. CITY OR NOCE GEORGE Fore	stville Y	d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 7000 Heler	na Pl.	20747
James !) 14. F	Arthur	LAS TOE	T	Kathleen	AME	V	Valsh
Poges	160. \	VAS DECEASED EVER IN U.S. YES, NOOR UNKNOWN) (1F YES	S. GIVE WAR OR DATES)		Company M	7000 H	sslena Pl	
ease remave carban popers. ial, cremation, or remaval. or ather traumatic event, the		PART I. DEATH WAS CA	DIATE CAUSE (a) Massix DUE TO, OR AS A CONS (b)	E Intra	cerebml H	k morrhags		BETWEEN ONSET AND D
mit. Then please remave carbon prior to burial, cremation, or ren any injury, or ather traumatic ev	IFICATION	PART I. DEATH WAS CA ## 310 IMMED Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DIATE CAUSE (a) Massiv DUE TO, OR AS A CONS (b) (b) (DUE TO, OR AS A CONS	E Intrace SEQUENCE OF SEQUENCE OF	OT RELATED TO THE TER/	MINAL DISEASE OR CONI	DITION GIVEN IN 206. IF YES, WER IN CERTIFYING	PART 1(a) RE FINDINGS USED CAUSES OF DEATH
rial-fransit permit. Then please remove carbon ental Hygiene prior ta burial, cremation, or ren then 18 shows any injury, or ather traumatic ev	SICAL CERTIFICATION	PART I. DEATH WAS CA ## 310 Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAL 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DIATE CAUSE (a) MQ S S LV DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) DUE TO, OR AS A CONS (c) TO DITIONS CONTRIBUTING 196 CONDITION FOR W 196 CONDITION FOR W 196 CONDITION FOR W 197 CONDITION FOR W 198 CONDITION FOR W	SEQUENCE OF SEQUENCE OF STO DEATH BUT NO WHICH OPERATION V DAY YEAR 19	OT RELATED TO THE TER/ WAS PERFORMED 1c. HOW INJURY OCCUR	MINAL DISEASE OR CONI	DITION GIVEN IN 206. IF YES, WER IN CERTIFY ING YES YES	PART Train
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Burial 2/15/83 reunrection buotan Clinton P. G. Mand

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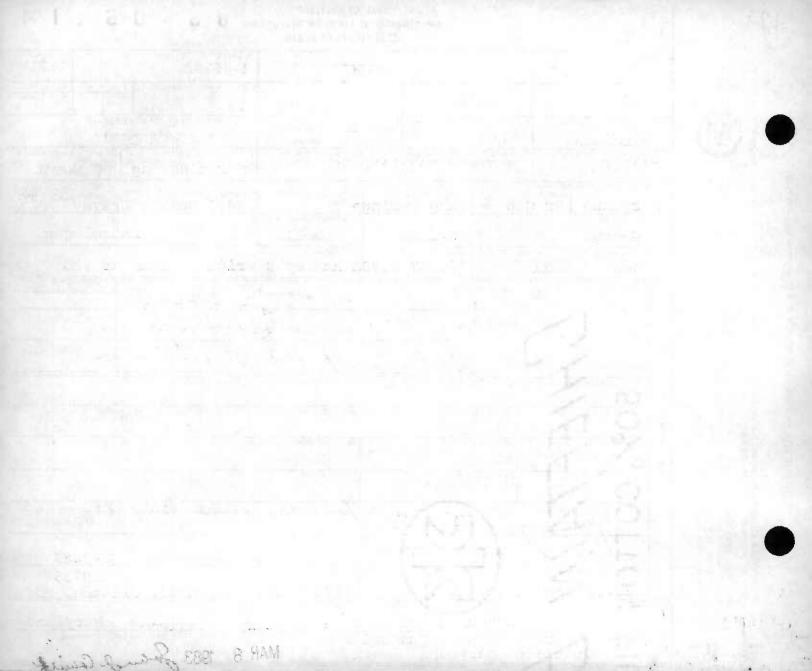
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	2 4 1	7a. B	IRTHPLACE (STATE OR	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. E	BALTIMORE CITY OF			
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IMORE,	Pages 1		WAS DECEASED EVER (YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU 404-14-		17. INFORMANT Raymon	d G.	Wood (S		Lynn exingt	
STON ST., BAL	death certificate attending physicic ove carbon paper tion, or removal.		18. CAUSE OF DEAT PART I. DEATH W 4100 Conditions, if ony,	IMMEDIA'	TE CAUSE (a)		ויסכון	ROIAL I		RCTION		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEA
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	equires that the case is signed by the case reme to burial, cremal nilury, or other transfer	NO	gove rise to improve (a), static underlying cause	g the last.	(c)_C	R AS A CONSEQUE	TE	HEART NOT RELATED TO THE		LOCK LOSE ASE OR COND	OITION GIV	VEN IN PART 110	
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	ITAL OR by the h RAL DIR Getoche State Dep			N. So		>		ATTENDI PHYSICI		AEDICAL STAF		2	-13 -8
	TO HOSPITAL of February 10 FUNERAL I should be deto with the Store I IMPORTANT: #							BLA G	NSBI	ANNAPOLI URG MI	7 20	710.	r.o.)
	BP		Burial Burial	REMOVAL	236. DATE 2-16-			emetery or cremate incoln Ce		Brentwo	-	Pr. Geo	
	DHMH - 16 50M 4/82 (VRA 15, 4)		Valley's	F.H.	Inc.	Mt. Raii	nier	Md. 25	FEB.	2 2 1983	156. REGIS	TRAR'S SIGNA	will

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 .1			TE OF MARYLAND		
	OR ATE GISTRAR	MEDICAL EXAMIN	HEALTH AND MENTAL ER'S CERTIFICATE	OF DEATH	05413
1. DECE	ASED NAME RPRINT) FIRST VA	MIDDLE .	Wood	20 DATE KNOWN OF ESTI- DEATH MATED	MONTH DAY YER 26. HOUL
3. SEX	FETTINE WHITE JU	1y 9, 1907 75 xx	ARS IF UNDER 1 YR. IF UND	DER 24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH LO F3 24 HOU
FORE	Wash., D.C.	U.S.A.		Prin	CE Georges MI
10 Lyn	re Malboro 14"	AME OF HOSPITAL, NURSING HOME NOT IN SUCH FACILITY, GIVE STREET ADDRESS) O 17 Manchester	Rd. 20772	Retired	U.S. Post Offic
35 130. SM	RESIDENCE (IF IN NURSING HOME OR OTHER TE TY land 136 P.G.	112 CITY OF TOWN	oro 13d Inside City Limits	130 STREET ADDRESS	Manchester ne
0	FRST MIDDLE GEORGE MIDDLE	Darney		erine MIDDLE	Darney ar Iboro, Mc.
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CAL CERT	10 EXTERNAL CAUSE WAS INDERLYING ON CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEA	
MEDICAL	NHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
2	22e I certify that I took charge of the death resulted from: Natural coustication in the control of the control of the country of the control		Autopsy , Inspeciation of the Inspection of the	Undetermined manner	ond in my opinion DATE 2-12-83 MO) 207/0
23a. BUR (SPE)	IAL, CREMATION, REMOVAL 236 DATE (CFY) 2/1		METERY OF CREMATORY Coln Cemter	y Brentwood,	
- N	DOO Annapolis F	neral Home	HOV		EGISTRAR'S SIGNATURE

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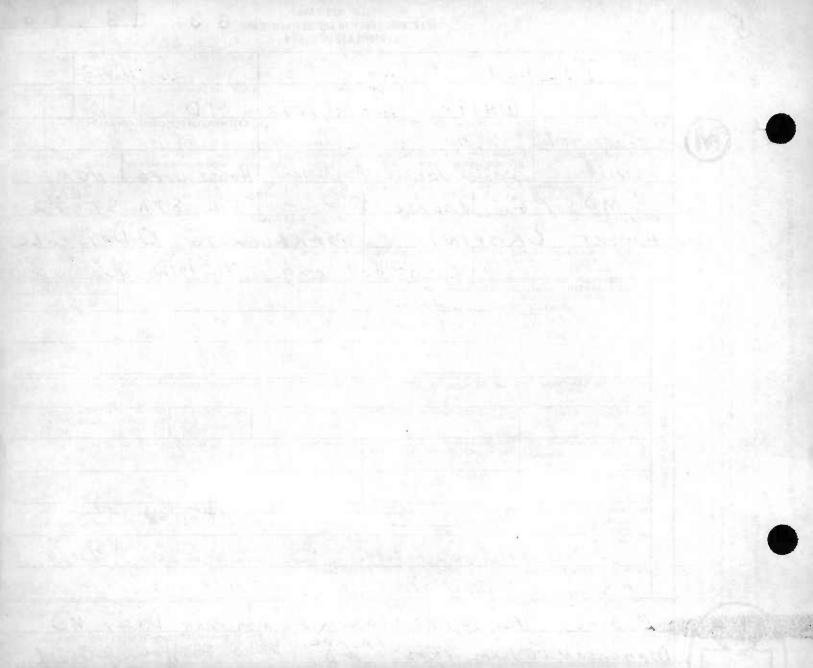


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DIVISION	SH SH	MEDICAL	21d. INJURY C		21e. PLACE	OF INJURY			ATION			11-11-1				
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	AL EXAMINER: THIS CERTIFICATE SHO HE CERTIFICATE, WRITING THE WORD HOULD BE FORWARDED TO THE CHI THE DIRECTOR: PAGE 3 SHOULD BE US THE WITH THE STATE DEPARMENT OF E, MARYLAND, 21201 PRIOR TO BURIL		AT WORK	AT WORK							LA	ري.				
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	TO MEDICAL ED EXECUTE THE CREATED TO FUNERAL DATER DEATH, V BALTIMORE, MV		URIAL, CREMA	TION POVAL 7	3b DATE	735	AME OF CEA	AETERY O	R CREMATO	ORY	23d. LOCA	TION		COUNTY	C7 4	T.F.
	BP		Burial	(//	eb. 28,	1/99/31	Linco]	TA/M	enio pa	ial C	emete	ery S	uitla	nd, I	Mary	Land
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NG PHY: attendir after this os the bu th ond M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
ATTENDII ospital or ECTOR: A d for use d. af Heoli m 21 is me		saw the deceased alive a above, (1) (we) (did) (did r	pital) attended the deceased from 1 9 mat) view the body after death.	.19 87 , or		deoth occurred on the d	ote and hour and from the caus	
by the hos by the hos ERAL DIREC se detoched State Dept.		226. SIGNATURE	Dul uny	2m	ATTENDING PHYSICIAN L	MEDICAL STA DIRECTOR PHYSIC	FF 2/25/	180
CO HOSPITAL etained by 1 TO FUNERAL should be de with the State			ct. Florevul 1	7.Q.	Roberts		usy, M.D	
BP		BURIAL, CREMATION, REMOVA SPECIFY)		3 MEA	DUWRIDGE N		DORSEY, MI	STATE
DHMH - 16 50M 4/82	1	JNERAL DIRECTOR	Surgary 1 April 1	RESS KA	TUREC 250 PATE	R 3 1983	25 DEGISTRAR'S SIGNATURE	1

STATE OF MARYLAND



1		em #5 *ilm G577 3/15/83 rc state of maryland FOR STATE STATE REGISTRAR STATE OF MEALTH AND MENTAL HYGIENE 8 3 0 5 4 1 REG. NO.	7.
5 ° ° ±		ASED NAME FIRST MODIE LAST 26. DATE OF DEATH MONTH DAY YEAR 25. HOUR OZ 15 83 11:30	OPM
4 moy t	3. SE	4. RACE 5 DATE OF BIRTH 1000 6. AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 F	HRS M.IN.
Od. Hogo	7a. B	THPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED PRINCE GEORGE COUNTY OF DEATH WIDOWED DIVORCED PRINCE GEORGE COUNTY	MD.
s ofter de	10. C	YOR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PRINCE GEORGE GENERAL HOSPITAL HOME MAKER	OR
AND 212 124 hour filled in rould be	USU 136. S	RESIDENCE (IF NURSING POME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ATE 138. STREET ADDRESS WENT JES NO 138. INSIDE CITY LIMITS? 138. STREET ADDRESS 426. COLONIAL ROAD	
MARYL/ mplerely ond 2 a	14. F/	HER'S NAME FIRST MIDDLE BLEWITT SUSSAN E MIDDLE MIDDLE MARTIN LAST MARTIN MARTIN	
FIMORE,		AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS S, NO OR YMKNOWN) (IF YES, GIVE WAR OR DATES) 135-38-6201 ELIZ. PARKMAN, 1240 MONREE ST. N.E. D.C.	_
1 W. PRESTON ST., BAI hat the death certificate by the attending physic ses remove carbon pape 3, cremation, or removal.		APPROXIMATE INTERVAL BETWEEN ONSE AND DE 1 PART I. DEATH WAS CAUSED BY: 1 2 80 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse [a], stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF COUSE (b) DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF COUSE (c)	Typ
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DING PHYSICIA or ottending pla After this certif se as the buriol-ti- folth and Mental marked or Item	MED	11d. INJURY OCCURRED WHILE ONT WHILE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	
OR ATTENDI he hospirol or DIRECTOR: oched for use t Dept. of Heal		17a.1 certify that (1) (this haspital) attended the deceased from 2 - /3 , 19 83, to 2 - 45 , 19 83, that (1) (we saw the deceased olive or obove, (1) (we) (did root inpt) to with body after death. DEGREE ATTENDING MEDICAL STAFF 9 / 7) lost and 3
TO HOSPITAL TO FUNERAL with the Store with the Store		PHYSICIAN DIRECTOR PHYSICIAN 16 FCLS 8. 22e ADDRESS 5806 Baltime A Herille MD2	2781
999989		RIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY BY LOCATION LEAN TION VEB. 17, 1983 Toll Runchy Crematory VERAL DIRECTOR 24 DATE OF REGISTRAN SHOWN LINE 17. 1983 Toll Runchy Crematory 18. 10 DATE OF BY REGISTRAN SHOWN LINE 18. 17. 1983 Toll Runchy Crematory 18. 17. 1983 Toll Runchy Crematory 18. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	(é
DHMH - 16 50M 4/82 (VRA 15, 4)	TIM	my Fuxures Home. I Granters vill carry on NAD = FEB 22 1983 John & Carry	

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